

L 13000123269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO REMOVE EFF. DATE
PER CONVERSATION WITH
HUGO BISANTI 9/10/2014 KS

Office Use Only



800263822028

09/02/14--01041--023 **25.00

FILED
2014 SEP -2 AM 11:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BMI MACHINES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugo Bisanti

Name of Person

BMI MACHINES LLC

Firm/Company

20851 Johnson St. #120

Address

Pembroke Pines, FL 33029

City/State and Zip Code

hugo.bisanti@bmimachines.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugo Bisanti

at (

954 3306964

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2014 SEP -2 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ds.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED

2014 SEP -2 AM 11:20

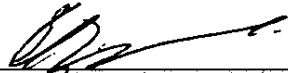
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 20, 2014



Signature of a member or authorized representative of a member

Hugo Bisanti

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP -2 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA