## 113000/65/89

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT:                               | Bilros+ LLC<br>Name of Limi                  | ted Liability Company   | <u></u>  |
| The enclosed Articles of A             | Amendment and fee(s) are subr                | nitted for filing.  |  |
| Please return all correspon            | ndence concerning this matter t              | to the following:   |  |
|  | Daniela                                      | Reves<br>Name of Person   | ······································   |
|  | Team Real E                                  | state Hanagment L   | <u> 1c</u>   |
|  | 290 NW                                       | 165 st. PH5-A Address   |  |
|  | _ Mani F1.                                   | 33169<br>City/State and Zip Code                                    |  |
|  | Corporate. Ser                               | Vi Ces ateam remo   | inagment.com   |
| For further information co             | oncerning this matter, please ca             | 11:   |  |
| Daniela Rename of                      | Person                                       | at (305 Area Code Daytime   | Telephone Number   |
|  | ₹  | - 1 1 4   | 4 4 6 4  |
| Enclosed is a check for th             | e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited (A   | Liability Compar<br>Florida Limited L | ny as it now appears o<br>iability Company) | n our records.)       |                          |            |
|---|---------------------------------------|---|-----------------------|--------------------------|------------|
| The Articles of Organization for this Limited Liab  | ility Company                         | were filed on 11/2                          | 26/2013               | and as                   | ssigned    |
| Florida document number <u>L13000 16518</u>   | 9                                     |   |                       |                          |            |
| This amendment is submitted to amend the follow   | ing:                                  |   |                       |                          |            |
| A. If amending name, enter the new name of th   | <u>1e limited liabi</u>               | lity company here                           | <b>:</b>              |                          |            |
|   |                                       |   |                       |                          |            |
| The new name must be distinguishable and contain the word   | ls "Limited Liabili                   | ty Company," the desig                      | gnation "LLC" or th   | e abbreviation "L        | L.C."      |
| Enter new principal offices address, if applicab  | le;                                   |   |                       |                          |            |
| (Principal office address MUST BE A STREET A  | ADDRESS)                              |   |                       |                          |            |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered offic | registered of                         |   | ur records, <u>en</u> | SI GRETARY OF STATE TARE | of the nev |
| Name of New Registered Agent:   |                                       | 11 -  |                       | ~ ^                      |            |
| New Registered Office Address:  | <u>290</u>                            | NW 165<br>Enter Florida                     |                       | 5-A                      |            |
|   | <u> Miami</u>                         | City  | , Florida             | 33   6 °<br>Zip Code     | 9          |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = | Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** Delia Raquel Flores \_□ Add Remove ☐ Change Berardo Ramon HBR □ Add From MBR to □ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

|  | TACTAHASSEC F  | 17 JUN -                      |
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|  | \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |                               |
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  tote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records. | (optional) 00 days after filing.) Pursual ements, this date will not   | nt to 605.02<br>t be listed a |
| e record specifies a delayed effective date, but not an effective time, at   | t 12:01 a.m. on the  | e earlier                     |
| The 90th day after the record is filed.  |  |                               |
| ated <u>5/30/17</u> ,  |  |                               |
| Gwarf of a member or authorized representative of a mem  | nber   |                               |
| Daniela Rayos  |  |                               |

Page 3 of 3

Filing Fee: \$25.00