

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

Office Use Only



500256979345

02/27/14--01003--016 **30.00

SECRE HARY OF STUTE

ずに下し

MAR 1 0 2013 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Bison Ser Name of Lim	vices, LLC nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Elya A	Name of Person	
		Services, LLC Firm/Company	,
	7200 F	Address	
	Mi'ami	Lakes, Fl. 33014 City/State and Zip Code	
	E-mail address: (e att.net to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Elya Alexano Name o	dea f Person	at (305) 297-3 Area Code Daytime	SY28 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	E\$30.00 Filing Fee & Certificate of Status ρωνο	☐ \$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



February 28, 2014

ELYA ALEXANDER 7200 FAIRWAY DR H-16 MIAMI LAKES, FL 33014

SUBJECT: BISON SERVICES, LLC

Ref. Number: L13000171382

We have received your document for BISON SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00004517

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Services, LLC.	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on (2)10)13	and assigned
Florida document number _L13000171383	-	
This amendment is submitted to amend the follow	ing:	ZOIL MAR -7 PM SECRETARY OF FI
A. If amending name, enter the new name of th	ne limited liability company here:	555
EVacor LL	. C	mes - 29
EVACOR, LL The new name must be distinguishable and end with the wor	rds "Limited Eiability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	25 A
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		·
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 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> **Address Type of Action** _□ Add ☐ Remove ☐ Add ☐ Remove _□ Add 20 中 Remove 系 _□ Add ____ Remove ☐ Add

Remove

		. 11.00			
					· · · · · · · · · · · · · · · · · · ·
tive da fective da	te, if other than the must be specific, can be coment is filed by the	he date of filing: nnot be prior to date of Florida Department o	of receipt or filed da	te and cannot be more	(optional) than 90 days after
ate this do	te, if other than the must be specific, can be current is filed by the March	Florida Department o	f State)	te and cannot be more	(optional) than 90 days after

Page 3 of 3

Filing Fee: \$25.00

2014 MAR -7 PM 4: 25
SECRETARY OF STATE
SECRETARY OF STATE