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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 2 2013  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BSC SERVICES OF ORLANDO 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:

**RUBEN D. TORO**

Name of Person

**RUBEN TORO P.A.**

Firm/Company

**7901 Kingspointe Pkwy. Ste. 31**

Address

**ORLANDO fl 32819**

City/State and Zip Code

**rubencpa@bellsouth.net**

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## BCS SERVICES OF ORLANDO LLC

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>                      |
|--------------|---------------------------|------------------------------|--|
| MGR          | SORAYA DANTAS             | 7901 KINGSPONTE PKWY STE. 12 | <input type="checkbox"/> Add               |
|              |                           | ORLANDO FL 32819             | <input checked="" type="checkbox"/> Remove |
| MGR          | ADRIANA BORDIN VICTORELLI | 100 CELEBRATION BLVD.        | <input checked="" type="checkbox"/> Add    |
|              |                           | CELEBRATION FL 34747         | <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            |

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

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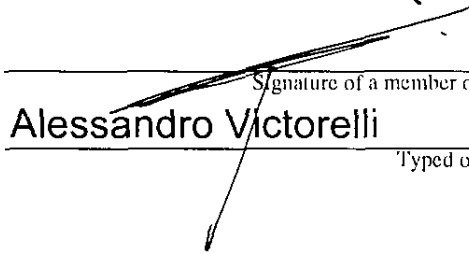
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 March 20th., 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alessandro Victorelli  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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