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APR - 2 2013 T. HAMPTON

COVER LETTER:

TO: Registration Section
Division of Corporations

BSC SERVICES OF ORLANDO LLC

SUBJECT:

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. T	ORO	
		Name of Person	
	RUBEN TO	RO P.A.	
		Firm/Company	
	7901 Kingsp	ointe Pkwy. Ste	e. 31
		Address	
	ORLANDO 1	fl 32819	
	<u> </u>	City/State and Zip Code	
	rubencpa@bellso		
	E-mail address: (to be used for future annual report not	tification)
For further information o	concerning this matter, please ca	all:	
		at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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

BCS SERVICES OF ORLANDO LLC

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

(· · · · · · · · · · · · · · · · · · ·	,, ,	
The Articles of Organization for this Limited Liability Company	were filed on 01/21/2014	and assigned
Florida document number L14000011099		20 TP:
This amendment is submitted to amend the following:		ZOIN MAR SECRE L TALLAHA
A. If amending name, enter the new name of the limited liabi	lity company here:	λς: <u>ω</u>
		B P M
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation L.L.C.
Enter new principal offices address, if applicable:	100 CELEBRATION BLVD.	6
(Principal office address MUST BE A STREET ADDRESS)	CELEBRATION FL 34747	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records onto	or the name of the no
registered agent and/or the new registered office address here	:	inte name of the nev
Name of New Registered Agent:	and the second second	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
NT TO 1 4 TA 4 CO		

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 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
MGR	SORAYA DANTAS	7901 KINGSPOINTE PKWY STE.	12 □ Add
		ORLANDO FL 32819	■ Remove
MGR	ADRIANA BORDIN VICTORELLI	100 CELEBRATION BLVE) ■ Add
		CELEBRATION FL 3474	.7 □ Remove
			□ Add
	•	AL ALEXE	Remove
			Remove
			□ Add □ Remove

fective date, if other than the date effective date must be specific, cannot be a date this document is filed by the Florida	prior to date of receipt or filed date and cannot	(optional) I be more than 90 days after
e date this document is filed by the Florida March 20th	e of filing: prior to date of receipt or filed date and cannot Department of State) 2014	(optional) I be more than 90 days after
e date this document is filed by the Florida	Department of State)	(optional) If he more than 90 days after
e date this document is filed by the Florida ated March 20th.	Department of State) , 2014	
e date this document is filed by the Florida nted March 20th.	Department of State) , 2014 , atture of a member or authorized representation	

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Filing Fee: \$25.00

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