

# L14000113045

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

G. HARVEY  
DEC 09  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **BICO 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:

**MARIA V RIVAS VIDAL**

\_\_\_\_\_  
Name of Person

**BICO LLC**

\_\_\_\_\_  
Firm/Company

**9769 NW 37TH ST**

\_\_\_\_\_  
Address

**SUNRISE, FL 33351**

\_\_\_\_\_  
City/State and Zip Code

**veronicarivas@outlook.com**

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

For further information concerning this matter, please call:

**MARIA V RIVAS VIDAL**

**954**

**599-3116**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
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

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

Article IV shall be added to read as follows:

Article IV

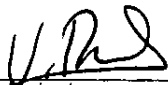
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The Initial manager shall be:

Maria V Rivas Vidal of 9769 NW 37th ST Sunrise, FL 33351

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 11-21-14



Signature of a member or authorized representative of a member

MARIA V. RIVAS VIDAL

Typed or printed name of signee

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

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Article V

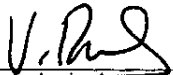
The number of shares the Limited Liability Company is authorized to issue is:

100

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 11-21-14



Signature of a member or authorized representative of a member

MARIA V. RIVAS VIDAL

Typed or printed name of signee

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