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K.SALY EXAMINER MAY 27 2015 BIMA Solution Design LLC. 479 NE 30th St. Apt 905 Miami, Fl 33137 (305)721-8013

April 28th 2015

To Florida Department of State,

This letter is to acknowledge that Bianca Marquez, will no longer be part of the company BIMA Solution Design LLC.

See attached all the filled form required.

Thank you.

Bianca Marquez

President

Bmarquez17@gmail.com

(305)721-8013

COVER LETTER

Division of Corporations
SUBJECT: Bima Solution Design 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:
rease retain an correspondence concerning this matter to the following.
Maressa Lamourt Biance Máquez Name of Person
Bima Solution Design LLC Firm/Company
179 NE 30th St. Suite 905
Address
Miani: Fl 33137 City/State and Zip Code
b: masolution designal anail.com E-mail address: (to be used for future annul report notification)
For further information concerning this matter, please call:
Marcosa (amour) at (305) 307 6128 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

MAILING ADDRESS:

TO:

Registration Section

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

FIL	.ED
ZUISHAY 22	Du -
ALLAHASSEE.	F. STATE FLORID

Dima Dolution	n Design LLC. MITTIGARY ATTER
(<u>Name of the Limited Liability</u> (A Florida L	Company as Low appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 47-2497046 #2	mpany were filed on 12-09-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11247 NW 57 Lane
(Principal office address MUST BE A STREET ADDRE	<u>issi</u> <u>Miami</u> Fl 33178
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11247 NW 57 Cane Miami Fl 33178
B. If amending the registered agent and/or registered is registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	/A
New Registered Office Address:	·
	Enter Florida street address
	, Florida
	City Zip Code

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 = N AMBR = A	lanager authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Bign co Marquez		Add
		479 NE 30th St Apt 905 Miam Fl 33137	Remove
			Add
			Remove
			Remove SHA 22 Add P. 5: Giremove
	-		Add
			_□ Remove
		<u></u>	□ Add
			🗆 Remove
			🗆 Add
			_□ Remove

If amending any other information, enter change(s) here: (Attach	adattional sneets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
	(optional) cannot be more than 90 days after
Dated OU - 22 - 2015.	
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Page 3 of 3

Filing Fee: \$25.00

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