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L15 0000 SP627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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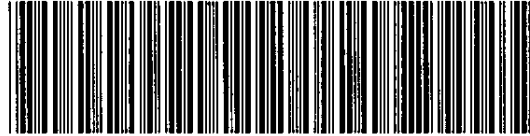
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 02 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIDCO SYSTEMS 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:

JACQUELINE ZAMBRANO

Name of Person

BIDCO SYSTEMS LLC

Firm/Company

1300 LINCOLN ROAD, #805

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

bidcosystems@gmail.com

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

For further information concerning this matter, please call:

JACQUELINE ZAMBRANO

786 205-5944
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BIDCO SYSTEMS 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 APRIL 2, 2015 and assigned
Florida document number L15000058627

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

133 NE 2ND AVE

#417

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

133 NE 2ND AVE

#417

MIAMI, FL 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JACQUELINE ZAMBRANO

New Registered Office Address:

133 NE 2ND AVE, #417

Enter Florida street address

MIAMI

Florida

City

33132

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JACQUELINE ZAMBRANO	133 NE 2ND AVE	<input checked="" type="checkbox"/> Add
		#417	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

15 AUG 31 AM 10:57
U.S. AIR MAIL
AIR MAIL FLORIDA

15 AUG 31 AM 10:57
SECURITY / STATE
MULTI-CAST FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 16 2015

Signature of a member or authorized representative of a member

JACQUELINE ZAMBRANO

Typed or printed name of signee