## L15000076567

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## **COVER LETTER**

	Registration Section Division of Corporations			
CUD IE	Bidtowinjm			
SUBJEC	CT:		nited Liability Company	<u> </u>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Hara Frankel		
			Name of Person	
		Bidtowinjmh, LLC		
			Firm/Company	
		1951 NW 7th Ave #170M	iai	
			Address	
		Miami, FL 33136		
			City/State and Zip Code	
		Harafl@aol.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	all:	
Hara Fra			305 965-5832 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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**

Bidtowinjmh,LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on $\frac{4/30/15}{}$ and assigned
Florida document number L15000076567	•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	TEC L TI
•	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	SET E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	95 5
	DE 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida City Zip Code

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>	Type of Action
mgr	Shakil Baig	10021 SW 145 Terrace	■ Add
		Miami, FL 33176	Remove
			Change
			Add
			□ Remove
•			☐ Change
-	<del></del>		
		<u></u>	□ Remove
			☐ Change
			Remove
			SECRETARY OF STATE ALLAHASSEE, FLORIDA
			TATE D'Add
			□ Remove
			☐ Change

If amending any other	r iniormation, e	inter change(s	.) nere: (Attach	aaaiiionai sneeis	, ij necessary.,		
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Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	the date must be spe d in this block do	ecific and cannot be es not meet the	applicable statuto				
he record specifies a The 90th day afte			ut not an effec	ctive time, at 1	2:01 a.m. o	n the ea	rlier of:
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Hara Fankel					(M)	<del>خلتب</del> ۲۰۲۰	Contrast of the Contrast of th

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Filing Fee: \$25.00