Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H16000271329 3)))



Note:

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX PLACE

Account Number : I20100000011

Phone

: (954)369-4444

Fax Number

: (954)369-4446

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
CINGLE	AUUTESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BKB GENERAL SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV -4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



17.

BKB General Services 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 10/19/2015 and assigned Florida document number L15000177587.

This amendment is submitted to amend the following:

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

CBSO General Services LLC

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

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

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

New Registered Office Address:

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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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 amend Member	ding the Managars or Authorizad M r being added or camoved from ou	Member on our records, <u>enter the title, name, and addres</u> <u>(records:</u>	ss of each Mana	ger or Authorized					
	Manager Authorizes Member								
<u>Titte</u>	Name	<u>Address</u>	Units	Type of Action					
			É	SECT TI					
•			, , , ,	いること					
				SSEE					
		Page 2 of 3		FLOWING 19					
C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)									
									
									
Ď.	Effective date, if other than th	e date of filling: 11/02/2016(optional)							
	(The effective date must be speathed date this document is filed by	cific, cannot be prior to date of receipt or filed date and c y the Florida Department of States)	annot be more t	han 90 days after					

Bruno Coelho - Manager

Dated: 11/02/2016

Typed or printed name of signes

Octions Seale 1845
Signature of a member or authorized representative of a member

Odioni Soares Braz - Manager

Typed or printed name of signee