

# L16000083329

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

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

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

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

☐

PICK-UP

☐

WAIT

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MAIL

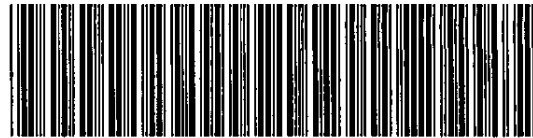
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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16 SEP 19  
TALLAHASSEE, FLORIDA  
STATE

9/13

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BIJURA 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:

CAROLINE LARSON

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

LARSON ACCOUNTING & CONSULTING SERVICES LLC

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

7901 KINGSPONTE PARKWAY, STE 17

\_\_\_\_\_  
Address

ORLANDO - FL 32819

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

PRIVATE@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

407 3703686  
at ( )

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

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BIJURA 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 04/27/2016 and assigned  
Florida document number L16000083329.

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)**

2687 CALISTOGA AVE

KISSIMMEE - FL 34741

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

LARSON ACCOUNTING & CONSULTING SERVICES LLC

New Registered Office Address:

7901 KINGSPONTE PARKWAY, SUITE 17

*Enter Florida street address*

ORLANDO

*City*

, Florida 32819

*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>
AMBR	Julia M de Moura Figueirdo	2408 RAVEN CROFT CT	<input type="checkbox"/> Add
		ORLANDO - FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rafale M de Moura Figueiredo	2408 RAVEN CROFT CT	<input type="checkbox"/> Add
		ORLANDO - FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELA PAGETTI	2408 RAVEN CROFT CT	<input checked="" type="checkbox"/> Add
		ORLANDO - FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE  
COMMISSIONER  
OF  
FLORIDA

16 SEP 1964  
STATE  
TALLAHASSEE, FLORIDA

STATE  
FLORIDA

**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.

Dated Sep 06, 2010

Signature of a member or authorized representative of a member

MARIA BEATRIZ A DE MOURA NEGRINI

Typed or printed name of signee