## 16000084356

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>: #)</del>
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SECRETARY OF STREET

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
		INTERNATIONAL SHOPPE	RS LLC.	
SUBJE	ul:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		GUILLEN SERRANO & AS	SOCIATES	
		2250 SW 3RD AVENUE	Firm/Company STE-150	
		MIAMI, FL 33129	Address	
		nguillen@guillenserrano.cor	City/State and Zip Code n	<del></del>
		E-mail address: (	to be used for future annual report notific	cation)
For furt	her information o	concerning this matter, please co	all:	
NESTO	OR GUILLEN S	ERRANO	305 831-4093	
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	he 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

FLORIDA INTERNATIONAL SE			
(Name of the Limi	<u>ted Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	.)
the Articles of Organization for this Limited L. lorida document number L16000084356	iability Comp	any were tiled on 05/02/2016	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited l	iability company here:	
BICSA LLC			
he new name must be distinguishable and contain the	words "Limited 1.	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	(BOX)		<u>- ₹~ <b>≥</b></u>
3. If amending the registered agent and registered agent and/or the new registered o	/or registered	d office address on our records. here:	mi + (
Name of New Registered Agent:	N/A		i v
New Registered Office Address:	N/A		D
		Enter Florida street address	
		, Flo	rida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Remove
			Change
	<del></del>		
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			Remove
			[] Change

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	11/01/2019  ye date, if other than the date of filing:
an effe lote:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated_	<u> </u>
-	Signature of a member or Juthorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00