# 117000053199

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#### **COVER LETTER**

	gistration Sect vision of Corp			
CUDIECT.		MING AND DRYWALL INS	TALLATION AND SERVICES LL	С
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		RAFAEL FRIAS		
			Name of Person	
		BIFRI FRAMING AND D	RYWALL INSTALLATION AND S	SERVICES LLC
			Firm/Company	
		246 SE 4TH AVE		
			Address	
		DELRAY BEACH, FL 33	483	
			City/State and Zip Code	
		FRIASANCHEZ@HOTM	AIL.COM to be used for future annual report notific	
For further i	information co	ncerning this matter, please co	•	eacton)
RAFAEL F	RIAS		561 294-7365	
	Name of l	Person		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

## BIFRI FRAMING AND DRYWALL INSTALLATION AND 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 $\frac{03/07/2017}{1}$ and assigned Florida document number <u>L17000053199</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) 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: New Registered Office Address: Enter Florida street 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 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>	Address	Type of Action
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		DELRAY BEACH, FL 33483	■ Remove
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			Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than the: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	rements, this date will not be liste
record specifies a delayed effective date, but not an effective time, and the secord is filed.	at 12:01 a.m. on the earlie
Significantly of a member or authorized representative of a me	mber
v	
RAFAEL FRIAS	

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Filing Fee: \$25.00