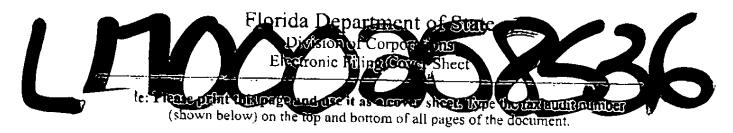
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DIVISION OF CORPORAGES



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : 120190000091 Phone : (786)212-0491 Fax Number : (305)454-6657

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BILL IN GREEN LLC

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Nov 0 - 2018 T. Ireman 100

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF

BILL IN GREEN LLC

Some of the Limited Liability Company as it now appears on our recently Date A

(73 / 10/1144 5/	annear transfer by Company to the	
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000258536</u>	mpany were filed on 12/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	at Unbility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		·····
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		Florida
<del></del> -	City	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALBERTO LEYVA HERNANDEZ	2837 W 75TH ST HIALEAH GARDUNS, FL 33018	<u></u>
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. If amending any oth	er information, enter ch	ange(s) here: (Attac	h additional sheet	is, if necessary.)	
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Note: If the date inset	or than the date of filing d, the date must be specific and ried in this block does not n date on the Department of S	acet the applicable statu	filing or more than 90	(optional) ) days after filing ) Presuar nents, this date will not	or to 605 0207 (. be listed as t
tne record specifies  ) The 90th day aff	s a delayed effective d ter the record is filed.	late, but not an eff	ective time, at	12:01 a.m. on the	earlier of:
Dated					
	Signature of a	withorized rep	résentative of a mem	oer	<del></del>
ALHERTO	LEYVA HERNANDEZ				
<del></del>		Typed or printed name of	fargnee		

Page 3 of 3

Filing Fee: \$25.00