

From: Cleber Dutra
2/19/2018

Fax: (954) 228-2410

To: LLC Dissolution FL

Fax: (850) 617-6383

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VIP ACCOUNTING & BUSINESS CONSULTING , LLC
Account Number : I20100000072
Phone : (954)228-2410
Fax Number : (954)228-2411

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

Email Address: Vitor.bidart@VipBusiness.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BSNS BUSINESS, LLC.

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Estimated Charge	\$25.00

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Corporate Filing Menu

S. WARREN

FEB 19 2018

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18 FEB 19 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H18000056364 3)))
**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BSNS BUSINESS, LLC.

SECOND: The Florida Document number of the limited liability company is: L18000040367

THIRD: Document to be corrected is: Articles of Organization - Article IV

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The correct name of first manager is: Michael Farah (Instead of Eduardo) The address is correct. The second manager name and address are correct too.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Vitor Bidart - Registered Agent

Signature of Authorized Representative

02/19/2018

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**