## L18 000091873

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FILED:
2021 JUL 21 PM 2: 01
SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
	TIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	DAVID STRONG			
		Name of Person		_
	QUALITY TAX & ACCO	UNTING SERVICES LLC		
		Firm/Company		<b>202</b>
	3113 S RIDGEWOOD AV	E		GRE.
		Address		AR 2
	PM Y OF			
	DAVID.QFSINC@GMAIL	City/State and Zip Code .COM		2021 JUL 21 PM 2: 01 SECRETARY OF STATE TALLAHASSEE. FL
		to be used for future annual report noti	fication)	L <sub>1</sub>
For further information c	oncerning this matter, please ca	all:		
DAVID STRONG		386 761-7855		
Name o	f Person	Area Code Daytim	e Telephone Numbe	r.
Enclosed is a check for the	ne following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration (	Section	Street Address: Registration Se		
Division of C P.O. Box 633	•	Division of Cor The Centre of T		
Tallahassee,		2415 N. Monro		810

Tallahassee, FL 32303

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

JBI SOLUTIONS LLC

(Name of th	e Limited Liability Comp	pany as it now appears on our records.	)
	المعتصرين الماسيد أغالنا	I I make here ( ' management)	

The Articles of Organization for this Limited	Liability Company wars filed on 04	-11-2018 and assigned
Florida document number £18000091873	· · · · ·	and assigned
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company ho	ere:
BI CONTRACTORS LLC		
he new name must be distinguishable and contain the	words "Emited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	\$E
Principal office address MUST BE A STRE	ET ADDRESS)	ACR I T
		AP N
		ASS T IM
Enter new mailing address, if applicable:		SEF X D
Mailing address MAY BE A POST OFFICE	E BOX)	FA
		· m, –
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:		
New Registered Office Address:	3113 S RIDGEWOOD AVE	
regimered Office reduces.	Enter Flor	ada street address
	SOUTH DAYTONA	, Florida <sup>32119</sup>
	City	Zip Code

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.

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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			Change
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ective date, if other than the effective date is listed, the date in	e date of filing: ast be specific and ca	unnet be prior to d	late of filing or m	ore than 90 days aft	t <b>ional)</b> er filing.) Pu	rsuant to	605.020
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cord specifies a delayed effecti	ve date, but not ar	i offective time.	, at 12:01 a.m.	on the earlier of: (	(b) The 90	)th day	after the
s filed.							
		3031					
JULY 7th	<u> </u>	2021					

Filing Fee: \$25.00

Typed or printed name of signee