Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BVD SERVICES, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Cor			
CUBI		VICES, LLC		
20831	£СТ:	Name of Lim	ited Liubihity Company	
The en	closed Articles of	Amendment and fee(s) are sub	nutted for filing	
Please	return all correspo	indence concerning this matter	to the following	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd , 11t	h Floor	. 28
			Address	
Glendale, CA 91203				
			City/State and Zip Code	7
		vlad442003@yahoo.com		्र
For fu	rther information c	oncerning this matter, please c	to be used for future annual report notifiall	ication)
Chey	enne Moseley		800 773-0888 es	
	Name o	f Person	Area Code Duytime	Telephone Number
Enclos	sed is a check for the	he following amount		
□ \$2	5 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Centificate of Status & Centified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURD Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BVD SERVICES, LLC				
(Name of the Limited Liability Company (A Flonda Limited Lia	as it now appears on our bility Company)	records.)		
The Articles of Organization for this Limited Liability Company w			_ and assi	gned
Florida document number L18000107747				
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the limited liabili	ty company here:			
BVD Electric LLC				
The new name must be distinguishable and end with the words "Limited Liabili	ty Compuny," the designati	on "LLC" or the abb	reviation "L	.LC"
Enter new principal offices address, if applicable:			. 	
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	819	
			 ت	
			l l	1
Enter new mailing address, if applicable:	_			• •
(Mailing address MAY BE A POST OFFICE BOX)			J.	الأ
			٧.	
			w	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		records, <u>enter th</u>	e name (of the new
Name of New Registered Agent.				
New Registered Office Address:				
	Enter Florida stree	n address		
		, Florida	12. 2	
	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 hability company has been notified m writing of this change

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>ítle</u>	Name	Address	Type of Action
			☐ Add
			□ Remove
			·
			□ Remove
		·····	22
			فعر أ
			☐ Remove
			•
			Add
			Remove
			
and and the second seco			D Add
			□ Remove
			D Remove

Vladimir Delienne Typed or printed name of signee

To:

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Filing Fee: \$25.00