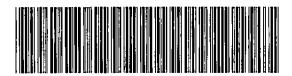
## L18000149804

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

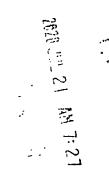
Office Use Only



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SEP 01 2020 S. YOUNG

## **COVER LETTER**

	legistration Se Division of Cor			
		RVICE LLC	•••	
SUBJECT	l:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		ARLEEN DAVILA		
			Name of Person	
		ADV ACCOUNTING AN	ID TAX SERVICES LLC	
			Firm/Company	
12701 S JOHN YOUNG PKWY SUITE 215				
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		arleendavila@gmail.com		
		E-mail address: (	to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
ARLEEN	DAVILA		407 641-0810 at ( )	
Name of Person		f Person	Area Code Daytime Telephone Number	
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	lailing Addres		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
P	O. Box 632	7	The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BINGS SERVICE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on07/13/2018	and assigned
Florida document number L18000169804		:: 2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1085 HONEY BLOSSOM I	OR
Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32824	
Inter new mailing address, if applicable:	1085 HONEY BLOSSOM I	OR .
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32824	
3. If amending the registered agent and/or registered office a sgent and/or the new registered office address here:	nddress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strcet add.	ress
<del></del>	City , 1	Florida

## 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>	<u>Address</u>	Type of Action
MGR	BRITO GUILLEN CESAR	1085 HONEY BLOSSOM DR	□ Add
		ORLANDO FL 32824	
			■Change
			□Add
			□ Remove
			Change
			□Add
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Effective date, if other than the fan effective date is listed, the date means. If the date inserted in this document's effective date on the	ust be specific and cannot be prior block does not meet the applic	r to date of filing or more than 90 d cable statutory filing requirement	_ (optional) ays after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
record specifies a delayed effect d is filed.	ive date, but not an effective t	time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated JULY 16	2020		
1 11	7	<u> </u>	

Typed or printed name of signee