

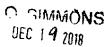
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: B&	C IDEAL PAU	FRCLLC	25
Solution.		ted Liability Company	2018 DEC. 1.1
			£0.1
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<b>-</b>		MH 11: 20
	Brenton		
	_	Name of Person	
	B&C IDE	AL PHUERS Firm/Company	
	100. 21.1		
	1986 21St	Address	<u></u>
	Vero Beu	City/State and Zip Code	1962
	BCIdealo E-mail address: (to	o be used for future annual report notificat	<u> </u>
For further information co	ncerning this matter, please cal	11:	
Brewton	Mendoza	at (772) 584 )	SU Jephone Number
	· · · · · · ·	25,4116 10	
Enclosed is a check for the	following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 8 C IDEHL DI	HUERS LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Companies Florida document number 48000 255531.	by were filed on $\frac{10/31}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		হ্ন
		· 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	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

**Type of Action** Title Name Address Brenton Mendoza 1986 21454 Su vero Beach FL □ Remove AP to AMBR Cristhian Mending 1986 ☐ Remove □ Remove □ Change □ Add ☐ Remove □ Change ☐ Change ☐ Add ☐ Remove □ Change

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Tective date, if other than the date an effective date is listed, the date must be sote: If the date inserted in this block of	specific and cannot be prior	r to date of filing or more t		ing.) Pursuant to 605.020
ocument's effective date on the Depart		•	quiemens, ms c	ate will not be used a
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Stenton	vature of a member or auth	orized representative of a	member	<del></del>

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Filing Fee: \$25.00