5/1/23, 5:49 PM Division of Corporations

L19000282658

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BURNS LAW OFFICES, P.A.
Account Number : I20140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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

Email Address: _____

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2023 MAY -2 AM 10:54
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BW SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2023 MAY -2 PM 2:18

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX
MAY 03 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BW SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/2019 and assigned Florida document number L19000008658.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

149 LONE PINE DR
HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

149 LONE PINE DR
HALLANDALE BEACH, FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ALEKSEI TIMASKIN

New Registered Office Address: 149 LONE PINE DR
Enter Florida street address

HALLANDALE BEACH, Florida 33009
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.

DocuSigned by:
[signature]

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:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ALEKSEI TIMASKIN	149 LONE PINE DR	☐ Add
		HALLANDALE BEACH, FL 33009	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated APRIL 28, 2023.

DocuSigned by:

Signature of a member or authorized representative of a member

ALEKSEI TIMASKIN

Typed or printed name of signee

Filing Fee: $25.00

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