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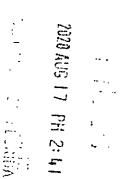
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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations						
SUBJECT:		TVE PLUMBING SERVICE S	SOLUTIONS LEC,	•				
		Name of Lin	tited Liability Company	,		_		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for tiling					
			-					
Please return	all correspo	ondence concerning this matter	to the following:					
		IVAN N FILIPOV						
			Name of Person					
			127 (42			_ 	23	
		8289 BOCA RIO DR.	Firm/Company			• .	2028 AUS	
		6269 BOCA NO DR.					<u>ন</u>	
			Address			י	٦١	
		BOCA RATON, FL 3343	3				PH 2	1
			City/State and Zip C	ode			ا 2	
		bginnovativeservicesllc@g				3.5		
		E-mail address: (to be used for future an	nual report notificat	ion)			
For further in	formation c	oncerning this matter, please c	all:					
IVAN N FII	LIPOV		561 at (306-5977				
	Name o	f Person	Area Code	Daytime Te	lephone Nur	nber		
Enclosed is a	check for th	ne following amount:						
□ \$25.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.90 Filing I Certified Cop (additional copy)	y	Certi	ificate of	f Status	
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Divi	ision of C	orporations	Divi	ision of Corpor	ations			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INOVATIVE PLUMBING SERVICE SOLUTIONS 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 04/01/2019 and assigned Florida document number <u>L19000094392</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BG INNOVATIVE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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

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