Division of Corporations

## 9/28/2020

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 : (305)944-9755 Phone : (888)401-1914 Fax Number

\*\*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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## **COVER LETTER**

TO: Registration Se Division of Cor			.t ` <b>.‡</b> .
INTELSYS	SLLC		
SUBJECT:		(ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter t	to the following	
	HERNAN BERTIN		
	······································	Name of Person	
	INTELSYS LLC		
		Firm'Company	
	5220 S UNIVERSITY DR	SUITE 102	
		Address	
	DAVIE FL 33328		
		City/State and Zip Code	
	E-mail address: (0	to be used for future annual report notific	eation)
For further information c	oncerning this matter, please ea	ali:	
HERNAN BERTIN		305 9449755	
Name o	d Person	at () Area Code Daytime*	Telephone Number
Enclosed is a check for the	he following amount.		
S25.00 Filing Fee	□ \$39.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	S50,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is coclosed

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	,		22 5 12: 15
	INTELS	-	
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>1s.</u> )
The Articles of Organization for this Limited I	.iability Company	were filed on 05/15/2019	and assigned
Torida document number 1.19000131544  This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	or the umited hai	omity company nere:	
BPACK LLC		<u> </u>	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LEG	71 or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter	the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Floridastreet addre	en e
		P	12 J .
		, ►	lorida

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 compty 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.

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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>	Name	Address	Type of Action
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			TRemove
			\ \ \
			□Remove
			□Change
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September 28		2020					
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	استرمها أ	ويتريبونه والمدورسي	e				
	Signature of	a member or a	uthorized 12	oresentative o	a member		

Filing Fee: \$25.00