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## **COVER LETTER**

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	BIFURCA INDUSTRIA	L SERVICES AND MAINTENA	NCE LLC
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JHONNY C	EDENO DURAN	
		Name of Person	
		Firm/Company	
	4085 AUGUSTA AVE		
	·	Address	
	HOLLYWOOD, FL 3302		
		City/State and Zip Code	
		CBIFURCA@HOTMAIL.COM	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JHONNY CEDENO D	URAN	786 9737142	
Name o	f Person	at () Area Code ————————————————————————————————————	ne Telephone Number
Enclosed is a check for th	ne 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
	ING ADDRESS:	STREET/COUR Registration Secti	HER ADDRESS:
Division of Corporations		Division of Corpe	orations

Clifton Building 2661 Executive Center Circle

Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIFURCA INDUSTRIAL SER	VICES AND MAINTENANCE LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JULY 15, 2019	and assigned
Florida document number L 19000181600		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		그 되었다.
Enter new mailing address, if applicable:		- 8 <sup>2</sup> 1
Mailing address MAY BE A POST OFFICE BOX)		<b>2</b> 25 25 25 25 25 25 25 25 25 25 25 25 25
		<b>5</b> EX
		ភ្នំ
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GERMAN J., PAREDES GONZA	4085 AUGUSTA AVE	
		HOLLYWOOD, FL 33026	□ Remove
			☐ Change
		***	Remove
			Change
			Remove
			Change
			Remove
			□ Change
		-	
			🖸 Remove
		<del></del>	Change
			Remove
			☐ Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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	<del></del>
(If an effective Note:   I	tetive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	SEPTEMBER 16. 2019
	Signature of a member or authorized epresentative of a member
	JHONNY RICARDO CEDENO DURAN

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00