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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| BIERA RI SUBJECT: | BT SERVICES LLC | | |
|---------------------------|---|---|---|
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | nitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | , |
| | BIERA E VIAMONTE | | |
| | | Name of Person | |
| | BIERA RBT SERVICES. | LLC | |
| | | Firm/Company | - |
| | 260 ALEMEDA DR APT | 1 | |
| | | Address | |
| | PALM SPRINGS FL 3346 | 1 | |
| | | City/State and Zip Code | |
| | ameliahelen998@gmail.com | n | |
| | E-mail address: (| to be used for future annual report notifi | eation) |
| For further information | concerning this matter, please co | all: | |
| BIERA E VIAMONTE | LABRADA | 561 983-3431 | |
| Name | of Person | at () | Telephone Number |
| 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) |

Registration Section Division of Corporations

TO:

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

| BIERA RBT SERVICES, LLC | | | |
|---|--|---|------------------------|
| (Name of the Limite | d Liability Compa A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Lia Florida document number L19000234944 | | were filed on 09/17/2019 | and assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | 2019 0 |
| The new name must be distinguishable and contain the we | ords "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.L.G." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | (<u>ADDRESS)</u> | | PH 5: 1:9 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE E | BOX) | | |
| | | | <u> </u> |
| B. If amending the registered agent and/oregistered agent and/or the new registered off | | | er the name of the new |
| Name of New Registered Agent: | BIERA E VIA | MONTE LABRADA | |
| New Registered Office Address: | 260 ALEMED | A DR APT I | |
| | | 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.

PALM SPRINGS

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 | BIERA E VIAMONTE | 260 ALEMEDA DR APT 1 PALM SPRINGS, FL 33461 | Add |
| | | | ■ Remove |
| | | | Change |
| MGR | BIERA E VIAMONTE LABRADA | 260 ALEMEDA DR APT I PALM SPRINGS, FL 33461 | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| an effective date i ote: If the date | | specific and cannot be does not meet the | applicable statutory | or more than 90 days | optional) after filing.) Pursuant to 6 , this date will not be li | |
| | cifies a delayed e y after the record | | ut not an effecti | ve time, at 12:0 | 01 a.m. on the ear | lier of |
| OCTOBE | R IST | 2019 | | | | |
| | | Behin | /. | | • | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee