Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BINDIE MISSION LLC



Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

T. LEMIEUX

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Co				
e1:011		IISSION LLC			
SUBJI	ECT:	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Mike Town			
			Name of Person		
	Legalzoom.com, Inc.				
			Firm/Company		
	9900 Spectrum Dr				
	Address				
		Austin, TX 78717			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please co	alt:		
Mike T			800 773-0888 at ()		
	Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	5.00 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)	

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

BINDIE MISSION LLC				
(Name of the Limited	Liability Company as Florida Limited Liabili	it now appears on our records. y Company)	<u>)</u>	
The Articles of Organization for this Limited Lial Florida document number <u>L19000293919</u>	bility Company were	filed on 12/02/2019	and as	signed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability c	ompany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L	.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	···		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		; F-	
			<u> </u>	··
B. Branch B. B. Branch			ا ش	-
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	address on our records,	enter the name	of the ne
				フ
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:			• • •	
New Registered Office Address.		Enter Florida street address		···
		Flor	ida	
		in	Zıp 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

	Page:	5	of	Э
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2024-11-08 10:48:24 PST

LegalZoom.com, Inc.

From: Praiwal Dayanand Shetty

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CRISTINA PILO	15065 SW 155TH TER MIAMI, FL 33187	
			≅ Remove
		7	Change
			
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
		<u></u>	□ Change
			☐ Remove
			☐ Change

Page 3 of 3

Filing Fee: \$25.00