

L20 000030288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

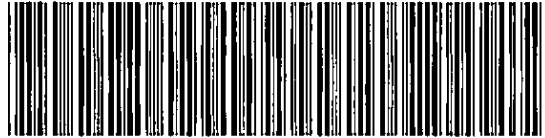
(Document Number)

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07/22/20--01025--017 \*\*35.00

FILED  
2020 OCT 27 AM 11:09  
CLERK OF COURT  
JANUARY 1, 2021

FILED

OCT 27 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2020

GIOVANNI PESTANO  
BSSN BROWARD, CORP  
4614 HIATUS RD  
SUNRISE, FL 33351

SUBJECT: BINSPIRED L.L.C.  
Ref. Number: L20000030288

We have received your document for BINSPIRED L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

An individual must sign on behalf of the business entity you have designated as the registered agent.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 520A00016166

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BINSPIRED L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIOVANNI PESTANO

Name of Person

BSSN BROWARD, CORP

Firm/Company

4614 N HIATUS RD

Address

SUNRISE, FL 33351

City/State and Zip Code

gio.pestano@bssnusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Pestano

954 578-0016

at ( )

Name of Person

Area Code

Daytime 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)

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BINSPIRED L.L.C.

(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 01/24/2020

Florida document number 120000030288

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BINSPIRED BEAUTY & INK, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: BSSN BROWARD, CORP

New Registered Office Address: 4614 N HIATUS RD

Enter Florida street address

SUNRISE

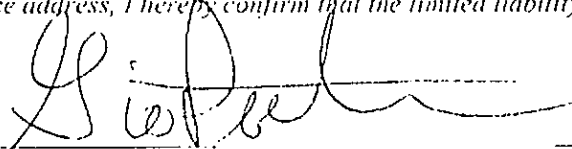
City

Florida 33351

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

FILED  
2020 OCT 27 AM 11:09  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00