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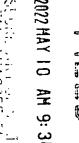
(Requestor's Name)	
(Address)	-
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	1AIL
(Business Entity Name)	
(Document Number)	
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	, , , , , , , , , , , , , , , , , , ,	COVER LETTER		
TO: Registration S Division of Co	ection rporations	,		•
BGS INSU	FRANÇE LLC			4 I
SUBJECT:	Name of Lim	ited Liability Company		_
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	BORSINI GRIFFIN, HEM	ns c		
	-	Name of Person		
		Firm/Company		
	2651 NW 84TH AVE.			
		Address		
	MIAMI FL. 33122	City/State and Zip Code		
	HEMISBORSINI@GMAII	,		_
For further information	concerning this matter, please c		port nonneation)	
3ORSINI GRIFFIN, H	EMIS C	786 at ()	4485456	
Name	of Person	Area Code	Daytime Telephone Num	ber
iclosed 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)	Certif sed) Certifi	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Addre		Street Add		
Registration Division of P.O. Box 63	Corporations	Division	ion Section of Corporations re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BGS INSURANCE LLC

2022 HAY 10 AM 9: 34

	(A Florida Limited Li	y as it now appeability Company	ears on our records.)	TALE AMASSEE, FE
Articles of Organization for this Limited I	Liability Company w	vere filed on _	05/05/2022	and assigned
s amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liabil	ity company	<u>here</u> :	
UNELLO SERVICES LLC				
new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the	e designation "LLC" (or the abbreviation "L.L.C."
ter new principal offices address, if appli	icable:	2651 NW 841	TH AVE. AP 102 M	IIAMI FL. 33122
incipal office address MUST BE A STRE	ET ADDRESS)			
Idiling address MAY BE A POST OFFICE If amending the registered agent and/orent and/or the new registered office address.	registered office ac			ne name of the new register
Name of New Registered Agent:	2651 NW 84TH AVE AP 102			
	2651 NW 84TH	AVE AP 102		
Name of New Registered Agent: New Registered Office Address:	2651 NW 84TH		Torida street address	
	<u> </u>			ida 33122
	<u> </u>	Enter F		ida33122 Zip Code
	MI	Enter F		ida33122 Zip Code

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
			□Add
			□Remove
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
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Page 2 of 3

				
				
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	05/05/2	022		
ffective date, if other than the can effective date is listed, the date must	late of filing:		(optiona than 90 days after filir	l) ig.) Pursuant to 605.020
<u>lote:</u> If the date inserted in this blo ocument's effective date on the De	ck does not meet the applica			
beament's effective date of the De	partment of state's records.			
e record specifies a delayed	effective date, but not	an effective tim	e. at 12:01 a.m	, on the earlier (
The 90th day after the reco			-, -, -, -, -, -, -, -, -, -, -, -, -, -	
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MAY 5 TH	·	_·		
	J	1		
	p/ · ,	R n '		
	Signature of a member or author	Rowinized representative of	a member	