## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC

Account Number : I20190000078 Phone : (561)341-1582 Fax Number : (561)264-6286

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BKVG INTERNATIONAL SERVICES LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

MAY 1 4 2003

TO:

Registration Section

Division of Corporations BKVG INTERNATIONAL SERVICES LLC SUBJECT: 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: Pablo E Goyenechea Name of Person TuContadorEnMiami.com LLC Firm/Company 601 Heritage Drive, Suite 461 Address Jupiter, Fl 33458 City/State and Zip Code pgoyenechea@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 341-1582 Pablo E Goyenechea Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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## ( | 20000 | 410 39 3 ) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKVG INTERNATIONAL	SERVICES LLC
(Name of the Limited Liability Company as it is (A Florida Limited Liability (	ngw appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number	iled on05/05/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," 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:	<b>207</b> 2
(Mailing address MAY BE A POST OFFICE BOX)	>
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	is on our records, enter the name of the new registere
Name of New Registered Agent:	37 7
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
Ci	ity — 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

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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
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		HALLANDALE BEACH, FL 33009	□Remove
			_ Change
AMBR	VALBUENA GALVAN, BRAYEAN K	221 W HALLANDALE BEACH BLVD, SUITE 312	_ □Add
		HALLANDALE BEACH, FL 33009	<b>≡</b> Remove
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[H2000|410393] Filling Fee: \$25.00