Note: 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 Connections		
	Division of Corporations Fax Number : (850)617-6383		
	(22.7)		
From:	CONTAINED DO	SECCEMBLE SERVITOR	
	Account Name : GOYENECHEA PRO Account Number : I20190000078	ILESSIONAL SEKATO	י א
	Phone : (561)341-1582		
	Fax Number : (561)264-6286		
	the email address for this busine mual report mailings. Enter only		
an Em	the email address for this busine inual report mailings. Enter only mail Address: LC AMND/RESTATE/CORRE	one email address	please.**
Em	nual report mailings. Enter only mail Address:	one email address	please.** RESIGN
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Em	LC AMND/RESTATE/CORRE	CCT OR M/MG	please.** RESIGN
an Em -: L	LC AMND/RESTATE/CORRE BKVG INTERNATIONA Certificate of Status	CCT OR M/MG L SERVICES L	please.** RESIGN

JUN 24 2020

TO:

COVER LETTER

TO: Registration Sec Division of Corp		**	in the second second
OVER THOSE	BKVG INTERI	NATIONAL SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Pablo E Goyenechea	
		Name of Person	
	т	uContadorEnMiami.com LLC	
	******	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		601 Heritage Drive, Suite 461	
		Address	
		Jupiter, Florida 33458	
		City/State and Zip Code	
		pgoyenechea@yahoo.com	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Pablo E G	oyenechea	561 at ()	341-1582
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres	i «·	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Co The Centre of	•
P.O. Box 632 Tallahassee, 1			ne Street, Suite 810
· minusuovo,	 -	Tallahassee, F	'

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF AM 10: 54

BKVG INTERNA	TIONAL SERVICES L	LC	
(Name of the Limited Liability Cos (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	05/05/2020	and assigned
lorida document numberL20000121373			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited L	iability Company," the de-	signation "LLC" or the a	bbreviation "L L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u></u>		<u></u>
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our re	cords, <u>enter the na</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	Briter 1 1071		
	City	, Florida	Zip Code
	4		•

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 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 2020 JULI 23 AH 10: 54

<u>Title</u>	Name	Address	Type of Action
AMBR	Valbuena Galban, Brayean K	221 W HALLANDALE BEACH BLVD, SUITE 31.	2 □Add
		HALLANDALE BEACH, FL 33009	Remove
			Change
			□Add
			Remove
			□Change
			🗀 Add
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			©Change
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Note: If the date	if other than the date of is listed, the date must be spe e inserted in this block do ctive date on the Departm	es not meet the applica	to date of filing or mo able statutory filing	(option re than 90 days after fi requirements, this c	i al) ling.) Pursuant to 605.020 late will not be listed a
record specifies d is filed	s a delayed effective date,	but not an effective tir	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
Dated	JUNE 22nd	2020	<u> </u>		
		Audre	ra Redi		
	Signat	ure of a member or autho		of a member	
		ANDREA REI	OI - MANAGER		

Signature Certificate

Document Ref.: PWWND-VST9R-FAN65-MGFMK

Document signed by: -



Andrea Redi

IP. 69 84 113.241

Verified E-mail: andrearedi@hotmail.com

.com Audrea Redi

Document completed by all parties on: 22 Jun 2020 21:32:50 UTC Page 1 of 1



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