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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: B	isu Consulting	LLC.	
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dania	Svare Z Name of Person	
		Name of Person	
	Bisu Consu	Hing LLC.	
	16541 SW	75 ST	
	Miami +	City/State and Zip Code gmail-com to be used for future annual report no	
		City/State and Zip Code	
	daniay @	gmail.com	
For further information c	n-mail address: (utication}
Dania	Sugrez		78 33
Name o	f Person	at (<u>786</u>) <u>488</u> Area Code Dayti	me 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ant an
Registration S		Registration Section Division of Corporations	
Division of C P.O. Box 632		The Centre of	•
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Bisu Consulting	LLC.	2023 JUL 25	PM 12 40
Bisu Consulting (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs op our records:	OF STATE FLETONE
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	08/05/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil. Dania Notary Multiservices The new name must be distinguishable and contain the words "Limited Liabil."			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: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter t</u> h	e name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	 Enter Floi	rida street address	14 TH - ALV FT 4T
		, Flori	ida
	City		ida

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

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
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
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Contin	date, if other than the date of filing: (optional)
an effec	ive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
oc umen	. s crective date on the Department of State's records.
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recora : Lis filec	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
	,
	07/20/2023
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ated _	
ated	
ated	Signature of a member or authorized representative of a member