121000053606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
O SILAS
DEC 1 / 2021
Q. SILAS

Office Use Only



700377341297

12/07/21--01014--020 **25.00

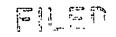


COVER LETTER

TO: Registration Se Division of Co			
	BILIAS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CAMILA CASTANO		
		Name of Person	· - · · · ·
	BOOK & BILIAS LLC		
		Firm/Company	
	1517 PALANCIA AVENU	JE	
		Address	· · · · · · · · · · · · · · · · · · ·
	CORAL GABLES, FL 331	146	
		City/State and Zip Code	<u></u>
		milacastano@bookandbilias.us to be used for future annual report no	
For further information	e-mail address: (concerning this matter, please c		meation)
CAMILA CASTANO	, ,	786 219-5656	
	of Person		me 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)
	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC -7 AM 9: 00

BOOK & BILIAS LLC

SECRETARY OF STELL

(Name of the Limited Liability Company as it now appears on our records.) [81] (A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Regi	istered Agent:	
_	City	, Florida Zip Code
	Enter Florida s	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office address h	stered office address on our recor tere:	ds, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET &	(DDRESS)	
Enter new principal offices address, if applicabl	le:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
A. If amending name, enter the new name of th	e limited liability company here:	
This amendment is submitted to amend the followi		
Florida document number L21000053606	 ·	

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>	Name	Address	Type of Action
MGR	WILLIAM CASTANO BEDOYA	1517 PALANCIA AVENUE	≣ ∧dd
		CORAL BABLES, FL 33146	□Remove
			□Change
		At in	
			□Remove
			Change
			□Add
			Remove
			Change
			Dadd
			□Remove
		- <u></u>	□ Change
			□Add
		 	□Remove
			☐ Change
			□Add
			Remove
			□Change

			·	
				
	·····			
			 	
				
		· · · · · · · · · · · · · · · · · · ·		
 				
	· · ·			
	<u> </u>			
				<u> </u>
		 		
	e 4-11 .		(antional)	
ffective date, if other than the date of an effective date is listed, the date must be spotote: If the date inserted in this block do ocument's effective date on the Department.	es not meet the applicab	date of filing or more than le statutory filing requ	(optionar) 190 days after filing.) Pursuar rements, this date will not	nt 10 605.0207 (be listed as th
record specifies a delayed effective date, I is filed.	but not an effective tim	c, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
ated NOVEMBER 22	2021			
Camila (Casterm			
Signat	ure of a member or authori	zed representative of a m	ember	