

L210000267942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

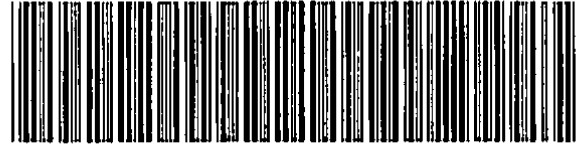
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/22 10:00:00 AM

2022 NOV 22 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

February 17, 2022

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Whom It May Concern:

RE: Florida Document Number: L21000267942

Attached please find a check in the amount of \$30.00 for the filing fee and to receive a Certified Copy for amending the Articles of Organization for Biankzahi Solutions LLC.

My daytime phone number is: 786-320-1302

My return address is: 11944 Watergate Circle
Boca Raton, FL 33428

Should you have any questions, please feel free to contact me.

Sincerely,



Vanessa Rivera
Biankzahi Solutions LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biankzahi Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Rivera
Name of Person

Biankzahi Solutions LLC
Firm/Company

11944 Watergate Circle
Address

Boca Raton, FL 33428
City/State and Zip Code

Belford.bedoya@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belford Bedoya at (786) 320-1302
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 22 PM 2:19

FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Belford Bedoya	11944 Watergate Circle	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vanessa Rivera	11944 Watergate Circle	<input type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Verd
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00