Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000295036 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100

Phone : (305)944-9755

Fax Number : (888)401-1914

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

mail Address:			
	: 7	8 4 4 4 4 4 4 4 4	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BITURBANO SA LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383

Page: 3 of 6

2021-08-04 15:54:14 GMT

18884011914

From: Silvas Financial Services, LLC

(((H210002950363)))

COVER LETTER

	ision of Corp			
connec	BITURBAN			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		JUAN CARLOS BARRAG	ian	
			Name of Person	
		BITURBANO SA LLC		
			Firm/Company	
		120 B 41ST		
			Address	<u></u>
		IRALEAH, FL.33013		
		-	City/State and Zip Code	
		ACCOUNTING2@SILVA	SBOX.COM o be used for future annual report nouti	cation)
For further r	บได้บาลน์คก co	oncerning this matter, please or		
		CAN		
JUAN CAR	LOS BARRA Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
	Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	illing Address gistration S vision of Co	ection	Street Address: Registration Sec Division of Corp	

Registration Section Division of Corporations P O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H210002950363)))

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18884011914

BITURBA	ANO SA LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.1 ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000320452 This was also as in submitted to append the following:	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
BITURBANO LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	75 ZE AUG
	Enter Florida street address Florida Cuy Zap Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

To: 18506176383 Page: 5 of 6 2021-08-04 15:54:14 GMT 18884011914 From Silvas Financial Services, LLC

(((F1210002950363)))
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
			□Add
			ПRemove
		 	⊡Change
			□Add
			□Remove
			∐Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			MAdd
			ПРеточе
			☐Change
			[]Change

18884011914

(((H210002950363)))

	<u>,</u>		
			-
			
	<u> </u>		
		·	
tive date, if other than the	08/04/2021 e date of filing:		_ (optional)
ffective date is listed, the date mu	ist be specific and cannot be prior to lock does not meet the applicab	date of filing or more than 90 d	tays after filing.) Pursuant to 605
: It the date inserted in this b ment's effective date on the D	pock does not meet the application. Department of State's records.	ie statutory romig requireme	ons, this date will not be list
			dit.
ord specifies a delayed effecti	ve date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The with da the
ñled.			
. 11011077	2021		AUG-4
, ∧UGUST 4	2021	<u>.</u> ·	AUG -4 PH
d			tre, mo
	7 0 6 0	3	
d	Juan Carlos P	Sectivizaria zed representative of a membe	PA CONTRACTOR