Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180

: (305)591-9167 Fax Number

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BFI ACADEMY LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFI ACADEMY LLC			
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)
The Articles of Organization for this Limited Li	ability Company v	vere filed on 10/06/2021	and assigned
Florida document number L21000437822	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESSI		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		
		****	
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office s st here:	ddress on our records, g	nter the name of the new registered
Name of New Registered Agent:	ERIKA L PARA	DA TRUJILLO	
	<del></del>		
New Registered Office Address:	<del> </del>	Enter Florida street d	ddress
			Florida
		City	, Florida Zip Code
Now Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regionary filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as p registered office	performance of my dutic rovided for in Chapter (	es, and I am familiar with and 505, F.S. Or, if this document is m that the limited liability

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

Title	Name	Address	Type of Action
AMBR	ERIKA L PARADA TRUJILLO	12254 SW 16TH TERRACE N 105	
•————		MIAMI, FL 33142	Remove
AMBR	RICARDO R SUAREZ PORCEL	12254 SW 16TH TERRACE N 105	□ Add
		MIAMI, FL 33142	-
			■ Change
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	is block does not r	meet the applical	date of filing or models statutory filing	opt ore than 90 days aft g requirements, th	ional) er filing.) Pursuant to his date will not be	605.0207 (3), listed as the
record specifies a delayed eff d is filed.	ective date, but not	t an effective tim	ie, at 12:01 a.m. c	on the earlier of: (	(b) The 90th day a	ifter the
Pated 10/14		Lectus Francis	- Dr (10)			
	ENRI	Lestry Pring	in Ingilto			
			ized representative			-