

L23000176132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

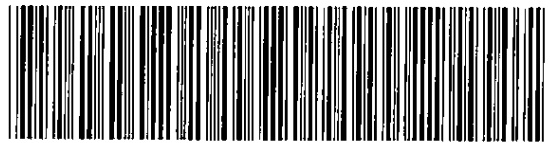
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800433975898

08/01/24--01016--004 \*\*25.00

RECEIVED  
FEB 1 2024

AM 7:38

AMT  
C8/01/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROSE D'AMOUR LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN M BEDOYA SOTO

\_\_\_\_\_  
Name of Person

ROSE D'AMOUR LLC

\_\_\_\_\_  
Firm/Company

1907 W BRANDON BLVD

\_\_\_\_\_  
Address

BRANDON, FL 33511

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN M BEDOYA SOTO

+1

7276169046

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

**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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUN 1 11 AM 7:38

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ROSE D'AMOUR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/10/2023 and assigned  
Florida document number L23000176132.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BILD SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: JUAN M BEDOYA SOTO

New Registered Office Address: 1907 W BRANDON BLVD  
*Enter Florida street address*

BRANDON Florida 33511  
*City Zip Code*

**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.*

MGR = Manager  
AMBR = Authorized Member

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN TORRES	3006 TEGA CAY CT APT 8	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN M BEDOYA SOTO	1907 W BRANDON BLVD	<input type="checkbox"/> Add
		BRANDON, FL 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DOUGLAS M TORRES RIOS	CRA 76 # 16-41	<input type="checkbox"/> Add
		CALI, VALLE DEL CAUCA 760071	<input checked="" type="checkbox"/> Remove
		COLOMBIA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AM 7:38  
STATE  
MASS. FILE

AM 7:38  
FLORIDA STATE  
UNIVERSITY

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee