2023-05-12 15:00:16 GMT

13056476040

From: MADINA bahratdinova

5/12/23, 10:10 AM

Division of Corporations



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(((H23000177308 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704 : (305)647-6040 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIM-BOM LLC**

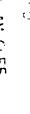
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## **COVER LETTER**

			(((11230001773083)))
TO: Registration Se Division of Cor			• •
BIM-BOM	LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEH BURKIN		
		Name of Person	
	BIM-BOM LLC		
		Firm/Company	
	16950 N BAY RD APT 16	*** **********************************	
	CHADIVICITE DE CHI	Address	
	SUNNY ISLES BEACH, F	City/State and Zip Code	
	info@misecounting.us	Chystate and Zip Linie	
	E-mail address: (i	to be used for future annual report notificati	On)
For further information c	oncerning this matter, please ca	all:	
ALEH BURKIN		305 610-2704 at ( )	
Name o	f Person	at () Area Code Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (**dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration 5		Registration Section Division of Corpora	
P.O. Box 632		The Centre of Talla	
Tallahassee, 1	FL 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

(((1123000177308 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000177308 3)))

(((11230001773083)))

BIM-BOM LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appears on or a Limited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Office of Organization for this Limited Liability Office of Comment Number L23000228065	Company were filed on 05/09/20	23	and assigned
This amendment is submitted to amend the following:			
A. If smending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Linbility Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	`		
B. If amending the registered agent and/or registered		s, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:			21
			. 273
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida stri	eet address	<b>19</b>
•	City	, Florida	
	- ,		Zip Code 5
New Registered Agent's Signature, if changing Registere	<del></del>		Ω. 
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my d agent as provided for in Chapt red office address, I hereby cor	uties, and I am j er 605, F.S. Or,	familiar with and if this document is
	If Changing Registered Agent, SI	gnature of New Re	gistered 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:

Page: 7 of 8

(((11230001773083)))

13056476040

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	NATALLIA BURKINA	16950 N BAY RD APT 1608	<u></u> ⊜Add
		SUNNY ISLES REACH, EL 33160	□Remove
+ 1			ĽiAdd
			□Remove
			UChange
			DAdd
		~	□Remove
			□Change
			□Remove
			Change
			□Add
			[_]Remove
			Clange
			CIAdd
			CIRemove
			☐Change (((H23000177308 3)))

From: MADINA bahretdinove

	((((H23000177308 3
If amending any other infort	mation, enter change(s) here: (Attach additional sheets, if necessary.)
,	
way 6- 1-2	
<u></u>	
19-19-19-19-19-19-19-19-19-19-19-19-19-1	
Effective date, if other than t if an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 s block does not meet the applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed effected is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
May 12th	2023
Dated May 12th	2023
Dated May 12th  A. Buri	hin
Dated May 12th  A. Burn	2023  Min  Signature of a member or authorized representative of a member
Dated May 12th  A. Buri  ALEH BURKIN	ke'h  Signature of a member or authorized representative of a member

Filing Fee: \$25.00