# 24000041754

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# **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

BKS MULTISERVICES AND SALES LLC

SUBJECT:

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:

EYNER SANDOVAL GONZALEZ

Name of Person

EYNER SANDOVAL GONZALEZ

Firm/Company

9591 FOUNTAINEBLEAU BLVD

Address

MIAMI FL 33172

City/State and Zip Code

esandoval@bksmultiservices.com

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

For further information concerning this matter, please call;

EYNER SANDOVAL GONZALEZ

Name of Person

(786) 8218439 at (\_\_\_\_\_ 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BKS MULTISERVICES AND SALES 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	and assigned	
Florida document number <u>1.24000041784</u> .		
This amendment is submitted to amend the following:		2024 TAL
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	TALL THE
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	
Enter new principal offices address, if applicable:	. <u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	9591 FOUNTAINEBLEAU BLVI	)
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33172	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		

Enter Florida street address

\_\_\_\_\_, Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

· · · · · · · ·

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
AMBR	ARACELI ARAUZ UMANA	850 E 13 TH ST HIALEAH FL 33010	■Add
			🖸 Remove
			🗋 Change
			🗆 Add
			🗇 Change
			🗆 AJJ
			🖸 Remove
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WITH A PARTICIPATIO	IN PERCENTAGE OF 40%.
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (bf 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) <u>Note:</u> 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.

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.

Dated	·
	2 A
	- Alton
	Signature (La menter or authorized representative of a member
	T.I C.I.
	ETTER Sandourl Gonzalez
	Typed or printed name of signee

Filing Fee: \$25.00