

9/4/24, 5:48 PM

Division of Corporations

L240003015363942

Florida Department of State
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.

((H24000301536 3)))



H240003015363A8CY

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 : MIACCOUNTING CO
Account Number : 120220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

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

Email Address: _____

RECEIVED

2024 SEP -6 AM 10:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BILTO95 LLC

2024 SEP -5 AM 11:31
FILED

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help J. LEBLANC

SEP - 9 2024

COVER LETTER

((H24000301536 3))

**TO: Registration Section
Division of Corporations**

SUBJECT: BILTO95 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:

SAID MIUSUPOV

Name of Person

BILTO95 LLC

Firm/Company

1351 NE MIAMI GARDENS DR APT 603E

Address

MIAMI, FL 33179

City/State and Zip Code

info@n:iaccounting.us

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

For further information concerning this matter, please call:

SAID MIUSUPOV

at (305) 610 - 2704

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

((H24000301536 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H24000301536 3))

BILTO95 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 07/29/2024 and assigned Florida document number L24000333942

This amendment is submitted to amend the following:

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

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:

800 SE 4TH AVE STE 711

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

800 SE 4TH AVE STE 711

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL 33009

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:

New Registered Office Address:

800 SE 4TH AVE STE 711

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

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.

If Changing Registered Agent, Signature of New Registered Agent

((H24000301536 3))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000301536 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAID M IUSUPOV	800 SE 4TH AVE STE 711	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((I124000301536 3)))

