

Division of Corporations

L240003274953
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

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TALLAHASSEE, FL

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B IMPORT PRODUCTS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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OCT 01 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

B IMPORT PRODUCTS 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 09/19/2024 and assigned
Florida document number L24000409211

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 "LLC."

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:

PHANIDASACK, KE

New Registered Office Address:

3520 NW 85TH WAY APT 103

Enter Florida street address

SUNRISE

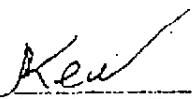
City

Florida 33351

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

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--------------------------|--|
| AMBR | PHANIDASAK, KE | 3520 NW 85TH WAY APT 103 | <input type="checkbox"/> Add |
| | | SUNRISE, FL 33351 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | PHANIDASACK, KE | 3520 NW 85TH WAY APT 103 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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