

L190000 38050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

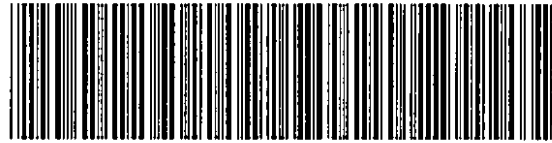
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 15 AM 8:47

Amend/name change

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D CUST 110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIMBAS INTERPRISE SERVICE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA L FERREIRA

Name of Person

ANAS ACCOUNTING SERVICES CORPORATION

Firm/Company

100 WALLACE AVE SUITE 245

Address

SARASOTA, FL 34237

City/State and Zip Code

ANA@ANASACCOUNTINGSERVICES.COM

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

For further information concerning this matter, please call:

ANA L FERREIRA

941

870-3400

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
19 OCT 15 AM 8:47
CLERK OF STATE
DIVISION OF CORPORATIONS

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

BIMBAS INTERPRISE SERVICE 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 FLORIDA and assigned Florida document number L19000038050.

This amendment is submitted to amend the following:

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

BIMBAS ENTERPRISE SERVICE 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:

1243 ILLINOIS DRIVE

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34103

Enter new mailing address, if applicable:

1243 ILLINOIS DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34103

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:

ANA L FERREIRA

New Registered Office Address:

100 WALLACE AVE SUITE 245

Enter Florida street address

SARASOTA

Florida

34237

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.



If Changing Registered Agent, Signature of New Registered 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SALVADOR O TEJADA LOPEZ	1243 Illinois Drive Naples, FL 34103	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURICIO DANIEL MUNGUIA	44 Acacia Lane Mableton, GA 30126	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

10/10/2019

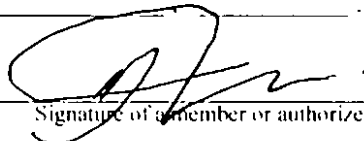
E. Effective date, if other than the date of filing: _____ (optional)

(If 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)

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.

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 10/10/2019



Signature of a member or authorized representative of a member

MAURICIO R MUNGUIA CRUZ

Typed or printed name of signee