

L25000034939
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UNION CARRIER SERVICES
Account Number : 120230000157
Phone : (305)392-1035
Fax Number : (786)401-7453

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Email Address: unioncarrierservices@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BK PREMIUM SERVICE LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BK PREMIUM SERVICE 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:

HEIDY RODRIGUEZ
Name of Person

UNION CARRIER SERVICES
Firm/Company

5643 NW 74 AVE
Address

MIAMI, FL 33166
City/State and Zip Code

UNIONCARRIERSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDY RODRIGUEZ at 305 3921035
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 FEB 19 PM 3:56 TALLAHASSEE, FLORIDA

BK PREMIUM 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 01/23/2025 and assigned Florida document number L25000034939

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: (Principal office address MUST BE A STREET ADDRESS)

6415 NAPLES BLVD NAPLES, FL 34109

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

3435 PINEWALK DR N UNIT 06-106 MARGATE, FL 33063

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: LUISA F QUINTERO OMEARA

New Registered Office Address: 3435 PINEWALK DR N UNIT 06-106 Enter Florida street address MARGATE, Florida 33063 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.

Handwritten signature of Luisa F Quintero Omeara

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>
AMBR	LUISA F QUINTERO OMEARA	3435 PINEWALK DR N UNIT 06-106	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMILO A SANABRIA QUINTERO	6415 NAPLES BLVD	<input type="checkbox"/> Add
		NAPLES, FL 34109	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANGIE X TRIANABENAVIDES	12318 ROYAL PALM BLVD	<input type="checkbox"/> Add
		CORAL SPRING, FL 33065	<input checked="" 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

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 FALL ADMINISTRATION DEPARTMENT

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