## 113000014003

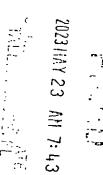
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
C. (Factor of Classes
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manuacions to 1 ming smeets

Office Use Only



000409222700

05/23/23--01612--001 \*\*60.00



Thalson

## **COVER LETTER**

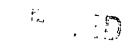
Registration Section
Division of Corporations

TO:

SUBJECT:	ARX SOLUTIO	ONS USA LLC					
	Name of Lim	ited Liability Com; any					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	GCiNZALC	H. NAVARRO					
		Name of Person					
	ARX SOLU	TIONS USA LLC					
		Firm/Company					
	1805 PONC	E DE LEON BLVD SUITE 501					
		Address					
	CORAL GA	ABLES FL 33134					
		City/State and 2 ip Code					
	CAROLINA	A@ARXSOLUTIONS.COM					
	E-mail address: (	to be used for future annual report no	tification)				
For further information of	concerning this matter, please c	all:					
CAROLIN	NA DI PAOLO	305 725-0035					
Nanie	of Person	Area Code Dayti	me Teleptione Number				
Enclosed is a check for t	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 Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations				

Γallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ARX SOLUTION	NS USA LLC	2023 HAY 23 AH 7: 43
(Name of the Limited Liability Compan (A Florida Limited Li		ords.)
The Articles of Organization for this Limited Liability Company v  Florida document numberL13000014003	were filed on 01//28/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NO CHANGE	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, ent	er the name of the new registered
Name of New Registered Agent: NO	CHANGE	
New Registered Office Address:	CHANGE	
THE RESERVED ATTACK.	Enter Florida street add	Iress
	·	Florida
	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 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>	Name	<u>Address</u>	Type of Action
MGR	TERMINUS USA LLC	6295 SW 126TH STREET, PINECREST FL 33156	
			<b>=</b> Remove
			Cliange
			🗆 A.ld
			□ Remove
			Change
			□A/ld
			□Romove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			C hange

1	Please remo	ve TERMINUS	USA LLC a	s requested be	fore.			
-				<u> </u>	<del></del>			
-	ne MGK I	or ARX SOLUT	TIONS USA	LLC is Only i		LLC,		<b>- -</b>
_								
-		<del></del>						- <b>-</b>
-					<del></del>			
-						. <u> </u>		
-								
-			·	<del></del>				- <del>-</del>
-								
•								
-	<u> </u>							
_								<del></del>
				<del>-</del>				
					05/01/2023	<b>.</b>		
Effect	ive date, i	f other than the	ne date of fi	ling:			(optional) 90 days after filing.) Pursuant to	€05.0207.€3¥
Note:	If the date	inserted in this	block does n	ot meet the ap	plicable statut	ory filing requir	ements, this date will not be	listed as the
docum	ient's effec	tive date on the	Department :	of State's reco	ords.			
				. ~		<b>0.</b>	D. G.(E) TTL-004-1	
the reco ford is f		a delayed effect	ive date, but	not an effective	ve time, at 12:	01 a.m. on the e	arlier of: (b) The 90th day :	itter the
		,		^				
Dated		05/0	<u>8</u> _	2/0	23.			
			]]					
		<del>-</del>						
			Signature o	f a member or	authorized repre	sentative of a me	nbei	-

D.

Filing Fee: \$25.00