114000057213

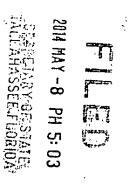
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAY 0 8 2014 SKUCI



May 1, 2014

OSVEL FERNANDEZ 9109 W HILLSBOROUGH AVE J 106 TAMPA, FL 33615

SUBJECT: O.BEXY TRANSPORT LLC

Ref. Number: L14000057213

We have received your document for O.BEXY TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00009304

COVER LETTER

TO: Registration Section Division of Corporat				
SUBJECT: O.BEX	TRANSPORT LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.			
	ce concerning this matter to the following:			
reade retain an correspondent	to concerning this matter to the following.			
F	FERNANDEZ, OSVEL			
	Name of Person			
		•		
	Firm/Company ·			
9	9109 W HILLSBOROUGH AVE J 106			
	Address			
-	TAMPA, FL 33615			
_	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)		9014	
For further information concer	ming this matter, please call:	22	2014 HAY	
FERNANDEZ Name of Person	<u> </u>	SEA SEA	4-8 PH	7

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.BEXY TRANSPORT LLC							
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000057213</u>	y were filed on 04/08/14 and assigned						
his amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited lia	ending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "L.C." or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	2						
(Principal office address MUST BE A STREET ADDRESS)							
	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	50 5. Co						
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new						
Name of New Registered Agent: Misla	yde Rviz - Rodriguez						
New Registered Office Address: 9/09	yde Kviz - Rodriquez W Hilkboroziah Aile apt I-106 Enter Florida strediladdress						
	Pha Florida 336/5 City Zip Code						
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>						
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as							

Page 1 of 3

If Changing Registered Age

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Title <u>Address</u> <u>Name</u> Type of Action **MGRM** MISLAYDE RUIZ RODRIGUEZ 9109 W HILLSBOROUGH AVE J 106 **TAMPA, FL 33615** ☐ Remove 203 JASON DRIVE MGRM FERNANDEZ, OSVEL, JR □ Add **TAMPA, FL 33615** Remove _□ Add □ Remove □ Add _□ Remove

•	n, enter change(s) here: <i>(Atsach addit</i> TNAME OF THE REGISTER AGENT TO	-
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	e prior to date of receipt or filed date and canno	(optional) t be more than 90 days after
Dated 04/09/14		
- (Sign	nutare of a member or authorized representativ	re of a member
	osuel FernandE2	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2014 HAY -8 PH 5: 03