

L14000057213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2014 MAY - 8 PM 5:03

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **O.BEXY TRANSPORT 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:

FERNANDEZ, OSVEL

Name of Person

Firm/Company

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)

For further information concerning this matter, please call:

FERNANDEZ, OSVEL

Name of Person

at **813** **442-2642**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2014 MAY - 8 PM 5:03
TALLAHASSEE, FLORIDA

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

O.BEXY TRANSPORT 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 04/08/14 and assigned
Florida document number L14000057213

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 end with 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)

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:

New Registered Office Address:

Mislalde Ruiz - Rodriguez
9109 W Hillsborough Ave apt J-106
Enter Florida street address
Tampa, Florida 33615
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.


Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>MGRM</u>	<u>MISLAYDE RUIZ RODRIGUEZ</u>	<u>9109 W HILLSBOROUGH AVE J 106</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33615</u>	<input type="checkbox"/> Remove

MGRM FERNANDEZ, OSVEL, JR 203 JASON DRIVE ☐ Add
TAMPA, FL 33615 ☒ Remove

☐ Add

[Remove](#)

_____ ☐ Add

☐ Remove

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ENHANCED FLORIDA
REMOVED

☐ Add

[Remove](#)

Page 2 of 3

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

PLEASE CORRECT THE LAST NAME OF THE REGISTER AGENT TO READ RUIZ AND NOT RUIS.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

04/09/14

Signature of a member or authorized representative of a member

OSVALDO FERNANDEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA