# L150000 42307

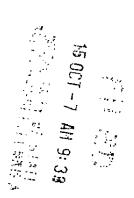
(Re	equestor's Name)	
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PICK-UP	TIAW	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

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### **COVER LETTER**

TO: Registration S Division of Co			
BEX HOI SUBJECT:	LDINGS, LLC		
	Name of Limi	ited Liability Company	
	f Amendment and fee(s) are sub-	_	
	BARRY EISEN	o me jane king.	
		Name of Person	<u> </u>
	BEX HOLDINGS, LLC		
		Firm/Company	
	4902 SW 173 AVENUE		
		Address	
	MIRAMAR, FL 33029		
		City/State and Zip Code	
	EISEN56@COMCAST.NE	T to be used for future annual report notif	
For further information	concerning this matter, please ca		(cation)
BARRY EISEN	concerning this matter, please ca	786 523-8713 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEX HOLDINGS. LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		_	
The Articles of Organization for this Limited Liability Cor Florida document number L15000042307		an	nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	he abbreviati	on "L.L.C."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRE	ESS)	<u>.</u>		_
				-
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
				-
B. If amending the registered agent and/or registe		ter the na	ame of the	nev
registered agent and/or the new registered office addre	ss nere:	e n.		
Name of New Registered Agent:		- 1	<u>ਯੂ</u>	_ `
New Registered Office Address:				_
	Enter Florida street address	*, · i .		•
	, Florida		Code (***)	- <sup>:</sup>
New Registered Agent's Signature, if changing Registered A	Agent:	24 3· C	ມ ມ ຫ	
I hereby accept the appointment as registered agent an	nd agree to act in this capacity. I further	goree to	comply with	the

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>	Address	Type of Action
MGR	JEROME EISEN	8500 W. SUNRISE BLVD. UNIT 332	■ Add
		Plantation, FL 33322	B Add
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
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			<u> </u>	
(If an ei <b>Note:</b>	five date, if other than the date of filing:	otional) fter filing.) P this date wi	ursuant ll not b	to 605.020 e listed a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	l a.m. or	the e	earlier (
Dated	OCTOBER 05 , 2015			
	Signature of a member or authorized representative of a member			_
	/ / / Nignature or a member or authorized representative of a member			

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Filing Fee: \$25.00