

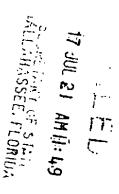
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: BEJON		1. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Name of Lam	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		GABRIEL BELLO			
		Name of Person			
	RF	JOIV SOLUTIONS LLC			
		Firm/Company			
8911 SW 142ND AVE #537 Address					
	MI	AMI, FLORIDA, 33186 City/State and Zip Code	<u>-</u>		
	55.400.40		<b></b>		
	E-mail address: (	OLUTIONSLLC@GMAIL Co to be used for future annual report noti	OM fication)		
For further information c	oncerning this matter, please ca	att:			
	L BELLO  f Person	at ( 702 ) 502-08.6 Area Code Daytim	60 e Telephone Number		
Name (	a i cison	Mea Code Dayini	e rereptione (vanises		
Enclosed is a check for t	_				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
	ox 6327 assec, FL 32314	Clifton Building 2661 Executive Co	inter Circle		

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

BEJOIV SOLU						
(Name of the Limited Liability Compa (A Florida Limited I	ny as <b>it now appea</b> Jability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	08/31/2015	and assigned			
Florida document number <u>L15000148554</u> .						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liab</u>	ility company h	ere:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the o	lesignation "LLC" or the al	hbreviation "I	L.C."		
Enter new principal offices address, if applicable:	8911 SV	/ 142ND AVE #537				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI_I	FLORIDA, 33186				
			; 	7 3		
			##  }  }	<u>-</u>		
Enter new mailing address, if applicable:			386	2		
(Mailing address MAY BE A POST OFFICE BOX)	•		ند رين*	<b>3</b> /11		
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	******			<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name	of the new		
Name of New Registered Agent:	GABRI	EL BELLO				
New Registered Office Address:	8911 SW	142ND AVE #537				
	Enter Flo	rida street address				
	MIAMI	, Florida	33186			
	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 Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE JARAMILLO	5811 SW 88 ST	Add
		MIAMI, FLORIDA, 33156	
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(If an effective date is listed Note: If the date insert	er than the date of filing , the date must be specific and ed in this block does not m ate on the Department of Si	cannot be prior to d eet the applicable	ate of filing or more statutory filing (	(option e than 90 days after fi requirements, this o	ling <b>y 4</b> urs	uant to 69	05,0207 (3 sted as th
	a delayed effective der the record is filed.	ate, but not a	n effective tin	ne, at 12:01 a.	m. on tl	he ear	lier of:
Dated	JULY 10 .	2017					
		1		<u>(1</u>			
	Signature of a n	nember or authorize	al-representative of	a member			
		<u>.</u>					
		GABRIEL Typed or printed n			=		

Page 3 of 3

Fifing Fee: \$25.00