

# L17000166479

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H18000244458 3)))



H180002444583ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

2018 AUG 21 AM 8:38

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEONPRICE USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**T. CLINE**

AUG 22 2018

**EXAMINER**

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## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Silvas Financial Services, LLC
DATE	2018-08-21 19:23:20 GMT
RE	BEONPRICEUSALLCAPPLICATION

### COVER MESSAGE

Sent from Mail for Windows 10

2018 AUG 21 AM 8:38

(((H18000244433 3)))

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: BEONPRICE USA, 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:

PABLO ALONSO

\_\_\_\_\_  
Name of Person

19778 EAST COUNTRY CLUB DR

\_\_\_\_\_  
Firm/Company

401 SW 4TH AVE STE 802

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN SANCHEZ MARTIN

786

408-5805

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

2018 AUG 21 AM 8:36

(((H18000244433 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEONPRICE USA, 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 08/04/2017 and assigned  
Florida document number L17000166479.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5220 S UNIVERSITY DRIVE

SUITE C-102

DAVIE, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5220 S UNIVERSITY DRIVE

SUITE C-102

DAVIE, FL 33328

**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:

SILVAS FINANCIAL SERVICES LLC

New Registered Office Address:

5220 S UNIVERSITY DRIVE SUITE C-102

*Enter Florida street address*

DAVIE

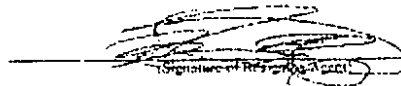
*City*

Florida 33328

*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 Registered Agent)*

If Changing Registered Agent, Signature of New Registered Agent

(((H1800024433 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EMILIO GALAN MARTIN	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	RUBEN SANCHEZ MARTIN	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	ALONSO PELEGRIN, PABLO ANTONIO P	19778 EAST COUNTRY CLUB DR	<input type="checkbox"/> Add
		AVENTURA, FL 33180 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Filing Fee: \$25.00**