

L19000176596

(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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2022 NOV 18 AM 9:46

Amend

DEC 05 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEXTREM 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:

ALEX G GUZMAN CAIZA

Name of Person

BEXTREM LLC

Firm/Company

66 W FLAGLER ST # 900 MAILBOX 5063

Address

MIAMI, FL 33130-1807

City/State and Zip Code

gguzman@bextremllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIVALDO IZQUIERDO E.A.

305 578-6092
at ()
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ATT DILANA
CHECK 392 CLEARED
05/04/22, NEVER
RECEIVED FROM
FDOR IS
NOTIFICATION
REGARDING
MISSING
SIGNATURE

2022 NOV 18 AM 9:45

RECEIVED

2022 NOV 18 PM 12:59

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

BEXTREM 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 07/09/2019 and assigned
Florida document number L19000176596

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 offices address, if applicable:

66 W FLAGLER ST # 900 MAILBOX 5063

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33130-1807

Enter new mailing address, if applicable:

66 W FLAGLER ST # 900 MAILBOX 5063

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33130-1807

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:

ALEX G GUZMAN CAIZA

New Registered Office Address:

66 W FLAGLER ST # 900 MAILBOX 5063

Enter Florida street address

MIAMI

City

, Florida 33130-1807

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

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>
AMBR	ALEX G GUZMAN CAIZA	66 W FLAGLER ST # 900 MAILBOX 5063	<input type="checkbox"/> Add
		MIAMI, FL 33130-1807	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALEYDA D GUZMAN CAIZA	66 W FLAGLER ST # 900 MAILBOX 5063	<input type="checkbox"/> Add
		MIAMI, FL 33130-1807	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00