(Requestor's Name)
(Address)
(Address)
(1881)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



700429632007

05/17/24 -0174 -014 \*\*(7.1

RECEIVED



## **COVER LETTER**

το:

Registration Section

B.E.X SO SUBJECT:	LUTIONS LLC		
SUBJET 1			
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	RODRIGUEZ. OMAR G		
		Name of Person	
	B.E.X. SOLUTIONS LLC		
		Firm/Company	
	14902 N FLORIDA AVE		
		Address	<del></del>
	TAMPA, FL, 33613		
		City/State and Zip Code	
	omar@rhgeneralsvc.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning	all:	
RODRIGUEZ, OMAR	G	813 9198730 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 Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo	porations

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

B.E.X. SOLUTIONS LLC				2021.11	227 127 222 6 200
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appe nability Company	ars on our rec	ords.)	<del>(AY 17 AH</del> 8: 5 <b>2</b>
The Articles of Organization for this Limited Life of Control of the Limited Life of Control of the Limited Life of the Limited Life of the Life of th				É.	and assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company	<u>here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the	designation "	LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office addre		iddress on our	records, <u>en</u>	ter the na	ame of the new registe
Name of New Registered Agent:	RODRIGUEZ,	OMAR G			
New Registered Office Address:	14205	N Flo Enter F	lorida street aa	Ave	
	+amp	City		, Florida <sub>.</sub>	33613 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.

Digitally signed by Omar Rodriguez DN: C=US, Omar Rodriguez E-orang, rodriguez@outlook.com.
CN=Omar Rodriguez
Date: 2024.05.15 18 37:00-04'00'

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
AMBR RODRIGUEZ, JOSE L		14902 N FLORIDA AVETAMPA, FL 33613	□ Add
			=Remove
			□Change
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  4R. JOSE RODRIGUEZ SOLD THE PARTICIPATION OF THE COMPANY
_	
-	
-	
<del>.</del>	
-	
_	
_	
_	
_	
_	
_	
-	
_	
_	
-	
(If an cff Note:	ve date, if other than the date of filing:
he recor ord is fil	d 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 ed.
Dated	05-17, 2024.
	Jose Luis Rodriguez (DA Cous Financia)   Colombia Luis Rodriguez   Colombia Luis Rodriguez   Colombia Luis   C
	Signature of a member or authorized representative of a member
	Jose Luis Rodriguez
	Typed or printed name of signee