

L22000498597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

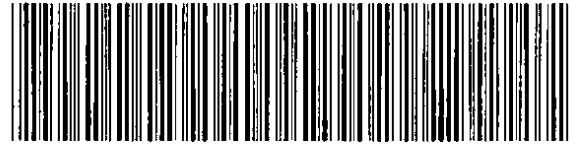
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

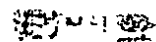
Office Use Only



800412620828

07/25/23--01010--023 **25.00

2023 JUL 25 PM 10:01
STATE OF FLORIDA
SECRETARY OF STATE



R. HUNT

07/25/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BG-ITSOLUTIONS 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:

BRAULIO F GONZALEZ ESQUIVEL
Name of Person

BG-ITSOLUTIONS LLC
Firm/Company

960S SAGE CREEK DR
Address

RUSKIN, FL 33573
City/State and Zip Code

BRAULIOFG@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2007 05 PM10:01
 FLORIDA STATE
 ARCHIVE, FL
 EID

For further information concerning this matter, please call:

BRAULIO F GONZALEZ ESQUIVEL at () 347- 898581
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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

BG-ITSOLUTIONS 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 11/22/2022 and assigned Florida document number L22000498597.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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	LINA MARCELA DAZA G	9608 SAGE CREEK DR, RUSKIN, FL 33573	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRAULIO F GONZALEZ ESQUI	9608 SAGE CREEK DR, RUSKIN, FL 33573	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MISSISSIPPI STATE
 PHD: 01
 MISSISSIPPI STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I REQUEST TO CHANGE THE MGR TITLE OF MR. BRAULIO F GONZALEZ ESQUIVEL.

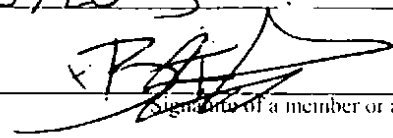
NEW TITLE AMBR BRAULIO F GONZALEZ ESQUIVEL.

2023
 25 PM 10: 01
 DEPT OF STATE
 TALLAHASSEE, FL
 230

E. Effective date, if other than the date of filing: _____ (optional)
 (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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 07/15/2023



 Signature of a member or authorized representative of a member

Braulio F. Gonzalez

 Typed or printed name of signee