Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QFP ACCOUNTING SERVICES LLC

Account Number: I20220000021 Phone : (305)497-7563

Fax Number : (305)631-2086

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

Email Address: qfpaservices@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BVGO SOLUTIONS LLC**

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SEP 20 2023

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H230003292013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BVGO SOLUTIONS LL			
(Name of the Limited Liability Company as it of (A Floride Limited Liability C	ow appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were file lorida document number	ed on08/07/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	ngany here:		
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the	ne abbreviation "LL.C."	
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		·	
Inter new mailing address, if applicable:		ģ	
Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office address of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, <u>enter the r</u>	name of the new regis	
	Enter Florida street oddress		
	, Florida		
City ew Registered Agent's Signature, if changing Registered Agent:		Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

H23000329201 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>	Type of Action
MGR	BIANCA VILLASANTE GOMEZ	5400 SW 77TH CT APT 2P	\equiv \equiv
		MIAMI, FL 33155	_
			☐ Change
			
			□Change
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Effective date, if other than the dat	e of filing:		(optional)	
Effective date, if other than the dat if an effective date is listed, the date must be a Note: If the date inserted in this block of document's effective date on the Depart	goes not meet the applicabl	late of filing or more than 9 c statutory filing require	D days after filing.) Pursuant to 605.03 ments, this date will not be listed	207 (as t
e record specifics a delayed effective dat rd is filed.	te, but not an effective time	at 12:01 a.m. on the cal	lier of: (b) The 90th day after t	hc
Dated SEPTEMBER 19TH		Flair	2	
		- Hara		
	•	- V /		

Typed or printed name of signee