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Office Use Only



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COVER LETTER

TO:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration S Division of Co			
SUBJECT: BEPRO	LLC		
SUBJECT,	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	condence concerning this matter	_	
	YOSIREG RINCON		
		Name of Person	
		Firm/Company	
	9357 SW 41 ST, APT 107		
		Address	
	MIRAMAR, FL 33025		
	beprointl@gmail.com	City/State and Zip Code	
		to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Yosireg Rincon		786 8051163	
Name o	of Person	at () Area Code Daytime T	Felephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Secti	on

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEPRO LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
lorida document number 1.24000025328	·		
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	24
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		18
			;·*
3. If amending the registered agent and/or r gent and/or the new registered office addre	registered office : ss here:	address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:	NIA	Enter Florida strect addr	
		vmer r tortda street addr	ess
			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 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
MGR	CHRISTOPHER ELIE	577 DELTONA BLVD, SUITE 15-190, DELTONA FL. 32725	□Add
			■ Remove
			□Change
MGR	YOSIREG RINCON	577 DELTONA BLVD, SUITE 15-190, DELTONA FL. 32725	= Add
			□Remove
			🗆 Change
			🗆 Add
			Remove
			□Change
			□Add
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			□ Remove
			□ Change

<u>ste:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.		
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ted JUNE, 21	n et i <mark>te:</mark>	fective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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Signature of a member or authorized representative of a member		
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Electronic Articles of Organization For Florida Limited Liability Company

L24000025328 FILED 8:00 AM January 11, 2024 Sec. Of State rhunt

Article I

The name of the Limited Liability Company is: BEPRO LLC

Article II

The street address of the principal office of the Limited Liability Company is:

577 DELTONA BLVD SUITE 15-190 DELTONA, FL. 32725

The mailing address of the Limited Liability Company is:

577 DELTONA BLVD SUTTE 15-190 DELTONA, FL. 32725

Article III

Other provisions, if any:

IMMIGRATION SERVICES, EDUCATION AND LAWFUL BUSINESS

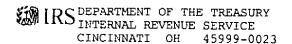
Article IV

The name and Florida street address of the registered agent is:

YOSIREG RINCON MRS 577 DELTONA BLVD SUTTE 15-190 DELTONA, FL. 32725

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: YOSIREG RINCON



Date of this notice: 03-14-2024

Employer Identification Number:

99-1908733

Form: SS-4

Number of this notice: CP 575 G

BEPRO YOSIREG A RINCON SR SOLE MBR 577 DELTONA BLVD DELTONA, FL 32725

For assistance you may call us at: 1-800-829-4933

- --- **----**

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-1908733. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this potice.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BEPR. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-14-2024 () -

EMPLOYER IDENTIFICATION NUMBER: 99-1908733

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idealabilida bladibilida Brendibilidad BEPRO YOSIREG A RINCON SR SOLE MBR 577 DELTONA BLVD DELTONA, FL 32725