

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC  
Account Number : I20200000016  
Phone : (954)903-4036  
Fax Number : (954)246-0340

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEPAR LOGISTIC & RENTAL LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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725 JAN 21 AM 7:59

RECEIVED  
DIVISION OF CORPORATIONS  
TALLahassee, FL 32310

2025 JAN 21 PM 2:21

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEPAR LOGISTIC & RENTAL 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 01/02/2025 and assigned  
Florida document number L25000005358.

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*

*City*

*, Florida*

*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>
MMGR	WILLIAM O. PARRADO A.	Transversal 80 N. 215-30 Casa 57 Bogota D.C. Col.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	FRANCY M. BELTRAN SALAS	Transversal 80 N. 215-30 Casa 57 Bogota D.C. Col.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	WILLIAM O. PARRADO AVENE	1860 N PINE ISLAND RD STE 114	<input type="checkbox"/> Add
		PLANTATION FL. 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	FRANCY M BELTRAN SALAS	1860 N PINE ISLAND RD STE 114	<input type="checkbox"/> Add
		PLANTATION FL. 33322	<input checked="" 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

