

L20000169545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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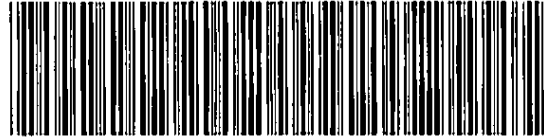
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INTEGRATION
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
2023 SEP -7 PM 1:4

BS DEERFIELD BEACH, 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 JUNE 18, 2020 and assigned Florida document number L20000169545.

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:

2060 NE 2ND STREET

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33441

Enter new mailing address, if applicable:

201 ST. CHARLES AVE., STE 3600

(Mailing address MAY BE A POST OFFICE BOX)

NEW ORLEANS, LA 70170

C/O 190 OCTANE RETAIL, LLC

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:

C T CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

City

Florida 33324

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.

Stephanie Henz Stephanie Henz - Assistant Secretary
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>
MGR	EMMANUEL GARCIA COLL.	519 NW 109TH AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	MARIA SILVINA BEGUE	519 NW 109TH AVENUE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	ALEX MACEDO	418 BOURBON STREET	<input checked="" type="checkbox"/> Add
		NEW ORLEANS, LA 70130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Co-CEO	ALEX MONAHAN	418 BOURBON STREET	<input checked="" type="checkbox"/> Add
		NEW ORLEANS, LA 70130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Co-CEO	KEVIN HIGGINS	418 BOURBON STREET	<input checked="" type="checkbox"/> Add
		NEW ORLEANS, LA 70130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 September 6, 2023



Signature of a member or authorized representative of a member

ALEX MACEDO, MANAGER OF 190 OCTANE RETAIL LLC

Typed or printed name of signee

Filing Fee: \$25.00