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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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JUL 2 0 2023

COVER LETTER



TO: **Registration Section Division of Corporations**

SUBJECT:	THE BELL OF	RGANIZATION L.L.C. 			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249 S	STE 220			
		Address	·		
	HOUSTON, TX 77064				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
LOVETTE DOBSON		888-462-345	53		
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne 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

ELLANDSSALLAND

THE BELL ORGANIZATION L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/13/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ____ L21000030213 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BELL FAMILY DISPATCHING LLC 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 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	g Authorized Person(s) authorized to ma	anage, enter the tit	le, name, and address of each person being added
	from our records:		FILED
MGR = M $AMBR = A$	lanager uthorized Member		5.123 .IIII 3.0
<u>Title</u>	<u>Name</u>	Address	le, name, and address of each person being added FILE 2328 JUL 20 / H 8: 4.2 Type of Action ALLAHASSI TITLE III.
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ecord specifies a delayed effecti is filed. July 19th nted	2023			

Filing Fee: \$25.00

Typed or printed name of signee