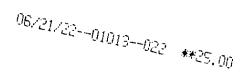
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COVER LETTER

		ation Secti n of Corpo			•
elib lez	~.~~		SERVICES LLC		
SUBJEC	LI:		Name of Lim	ited Liability Company	
The encl	osed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.	
Please re	tum all	correspond	ence concerning this matter	to the following:	
			GIORGINA S GOMEZ CI	IANCONE	
				Name of Person	
				Firm/Company	
			10065 DAVIS CREEK CL	R APT 5108	
				Address	· · ·
			ORLANDO		
				City/State and Zip Code	
			ORLANDO, Fl 32832 E-mail address: (to be used for future annual report	nottication)
For furth	et infor	mation conc	erning this matter, please ca	·	
GIORGI	INA S C	OMEZ CL	ANCONE	407 3102113)
		Name of Po	rison	Area Code Da	ytime Telephone Number
Enclosed	l is a che	ock for the t	ollowing amount:		
■ \$25.0	00 Film	g Fee	□ \$30.00 Filing Fac & 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)
	Regist Division P.O. B	Address: ration Secon of Corpox 6327 assee, FL	porations	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 21 PM 1: 34

BEE BRIGHT SERVICES LLC		SEUNCIAMASSEELFL <u>K</u> YTALLAHASSEELFL
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>k) MULAGASSEE, FL</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.22000223183	were filed on Orlando, Fl	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7726 Winegard Rd	
Principal office address MUST BE A STREET ADDRESS)	2nd Floor -AV29	
	Ortando, Fl. 32809	
Enter new mailing address, if applicable:	7726 Winegard Rd	
(Mailing address MAY BE A POST OFFICE BOX)	2nd Floor -AV29	
	Orlando, Fl. 32809	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new register
	-	
New Registered Office Address:	Enter Florida street addres	N,V
	, FI	orida
	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
			JAdd
			□Remove
]Change
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	7726 Winegard Rd	
	2nd Floor -AV29	
	Orlando, Fl. 32809	
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	n. •	
(If an <u>iNo</u>	ective date, if other than the date of filing: (optional) reflective 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 605.0 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed sument's effective date on the Department of State's records.)207 (3)(d as the
If the re ecord i	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after s filed.	the
Dat	ed Jun 15	

Typed or printed name of signee