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(Requestor's Name)	· · ·
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(Document Number))
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	BENH LAS	Security Company	
	Amendment and fee(s) are sub		PORTO S PAR
rease retain an envespe	indence concerning this maker	to the ronking.	
	- Ann E	Name of Person	<u>. </u>
	BIMM	Firm/Company	
	1831 [Address	
	Luiz,	City/State and Zip Code	
	F-mail address (to be used for future annual report noti	MY Chirt S. C. Chil
For further information co	oncerning this matter, please co		
A RUI H Name of	Person	at (SS) GOG Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filling 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 S Division of Co	ection orporations	<u>Street Address:</u> Registration Sec Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEMH & ASSOCIAT	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July 24, ZWV3 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: (Principal office address MUST BE A STREET ADDRESS)	1851 Collier Barkmay
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1851 Collier Narkiyay
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Ann	B. Miller
New Registered Office Address:	Enter Florida street address
	City Florida Sip 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
			□Remove
			□ Change
			□Add
			□Remove
		·	□ Change
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
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			□ Change
	·		
			□Remove
			□Change

_	Only a name change From
	PSFMH & ASSNIBES LLC to
	Miller trooks, LLC
_	- ranks, Lac
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ctiv	e date, if other than the date of filing: \(\frac{1000}{1000} \) \(\frac{1000}{1000} \) (optional)
effec <u>:</u> If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
ord filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
d	. 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member