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SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Section of Cor					
CUBICA	Benard Bec					
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		Benard Beck-O'Steen				
			Name of Person	· · _ · _ · · · · · · · · · · · · ·		
		Benard Beck-O'Steen, LLC	•			
	Firm/Company					
		421 NE 6th St, Apt 310				
			Address			
		Fort Lauderdale, FL 33304		_,		
		bbeckosteen33@gmail.com	City/State and Zip Code	SECRETARY OF STATE PH 1: 05 TALL ALLA SEE FILE time Telephone Number		
			to be used for future annual report r	notification)		
For further is	nformation co	oncerning this matter, please ca	all:	ARY OF PH		
Benard Beel	k-O'Steen		954 901-9133			
	Name of	f Person	at () Area Code Day	time Telephone Number		
Enclosed is:	a check for th	ne following amount:				
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres		Street Address Registration	_		
Registration Section Division of Corporations			Division of C			
P.O. Box 6327			The Centre o	f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benard Beck-O'Steen, 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 $\frac{06/10/2016}{}$ and assigned Florida document number L16000112749 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." 1126 S Federal Hwy #1039 Enter new principal offices address, if applicable: Fort Lauderdale, FL 33316 (Principal office address MUST BE A STREET ADDRESS) 1126 S Federal Hwy #1039 Enter new mailing address, if applicable: Fort Lauderdale, FL 33316 (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

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effective date is listed, the date mi e: If the date inserted in this b	ust be specific and cannot be prior to clock does not meet the applical	o date of filing or more than sole statutory filing require	ements, this date will i	uant to 605,020 not be listed a
	Department of State's records.			
cord specifies a delayed effecti s filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the ea	irlier of: (b) The 90th	h day after the
August 9	2022			
<u>-</u> -	·	<u>.</u> .		
M	Signature of a member or author	ized representative of a men	nber	.

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