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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	B&E BUSIN	ESS TECHNOLOGY LLC			
		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		LUIS R. SMITH			
			Name of Person		
		TAXES USA LLC			
			Firm/Company		
		11402 NW 41ST STREET	SUITE 211		
			Address		
		DORAL, FL 33178			
			City/State and Zip Code		
		LM.JESSEL@GMAIL.COM			
		E-mail address: (to	be used for future annual rep	oort notification)	
For further in	nformation co	ncerning this matter, please cal	īl:		
LUIS R. SM	ІГН		305 47024	429	
	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed is	a check for the	following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&E BUSINESS TECHNOLOGY LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L17000031086	ny were filed on 02/082017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lig	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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:		17 O
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Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records out	
registered agent and/or the new registered office address he		# Co
	 -	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
Twine of the regimered rigem.		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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>	Type of Action
MGR	ABEL COYLE	11402 NW 41ST STREET	B Add
		SUITE 211-651	□ Remove
		DORAL, FL 33178	☐ Change
			Add
			□ Remove
			Add
			□Remove
			□ Change
			Change SAdd
			Remove
			☐ Change
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			Add
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			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o	(optional)
e: If the date inserted in this block does not meet the applicable statutory fi	
ument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie
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Typed or printed name of signee