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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	926 Besonia	R J LLC ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	PAJI	Newman	
		Name of Person	
		Firm/Company	
	1506 Ge	Address	
	West Palm	Address Seach FL 33401 City/State and Zip Code WMAN 60 @ YAhoo.co be used for future annual report notific	
	Prol. Ne	wmm 60 e yahos ca	1 ation)
For further information	concerning this matter, please ca	11:	
PAJ N Name	LN MAN of Person	at (<u>561</u>) 389 Area Code Daytime 7	- 7252 3 7 Telephone Number 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			% 24 E
Enclosed is a check for	the following amount:		题 宝石
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

926 Besonia Rd 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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: 926 BigNoNiA Rd. 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
City , Florida 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 Title Name **Address Type of Action** GNEN QURAISH: MGR 1506 Georgia Are, W.P.B. Fr 5401 - Add Remove ☐ Change MGR WYNN QURAISH: 1506 Georgin Ave., W. P.S., FL 33431 BAdd □ Remove _□ Change ☐ Add □ Remove ☐ Change □ Add ى Rem6√e تا_ Change □ Add ☐ Remove

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		Signatura n	f a mambar	or authorized	representative	of a member			

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Filing Fee: \$25.00