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COVER LETTER

TO:		istration Se ision of Cor			
erini	tror.	Bessmed			
SUBJ	JECT:		Name of Lim	ited Liability Company	
The e	enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			Steven Bess		
				Name of Person	
			Bessmed		
				Firm/Company	
			10205 collins Avenue		
				Address	
			Bal Harbour, FL, 33154		
				City/State and Zip Code	
			info@bessmed.com	to be used for future annual report n	with ation)
For fi	urther it	nformation c	oncerning this matter, please or	·	with Care in the c
steve	n bess			323 8107241 at ()	
		Name o	f Person	Area Code Days	time Telephone Number
Enclo	osed is a	i check for th	ne following amount:		
■ \$	25.00 P	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration 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

Bessmed		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our r Jability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000114211	were filed on $\frac{May, 07, 20}{}$	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		18 V.3
Enter new mailing address, if applicable:	10205 Collins Avenue, Ba	JUN - UF COXY OF SION OF SION OF COXY OF SION
(Mailing address MAY BE A POST OFFICE BOX)	-	3 RAN
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		eords, <u>enter the name of the ney</u>
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with and 005, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Bess	10205 Collins Avenue, Bal Harbou	☐ Add
			☐ Remove
			■ Change
			□ Remove
			☐ Change
			Remove
			Change
			
			Remove
			□ Change
			□ Add
			Remove
		·	Change
			□ Remove
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ective date, if other than the date official to date is listed, the date must be official this block of the date inserted in this block of the Department's effective date on the Department of	e specific and cannot be does not meet the artiment of State's re	e prior to date of fil applicable statuto cords.	ry filing requiremen	nts, this date will n	uant to 605. not be liste
he 90th day after the record	d is filed.				
ed may 25	. W	· ·			
			entative of a member		

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Filing Fee: \$25.00