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(Requestor's Name) (Address) (Address)	100398836311
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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 DEC 12 PH 14 51 SECRETARY VA LAUX AWASSEELT
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

SUBJECT: <u>RJ D. Clas</u> Enterprises, LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMEN	
ТО	
• ARTICLES OF ORGANIZATIO	DN 2022 DEC 12 PM 4:53
	SECRETARY G
RODon (Lef Enterprise (Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	<u>our records.</u> )
N E	11 2019
The Articles of Organization for this Limited Liability Company were filed on $\frac{10}{100}$	-11-a/018 and assigned
Florida document number <u>L15000240690</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Be Greater Minds, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the desig	nation "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 BON)	
	······
<b>B.</b> If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	rds, <u>enter the name of the new registered</u>
Name of New Depictored Agapt:	
Name of New Registered Agent:	
New Registered Office Address:	street address
	JI CCI UMU COO
	, Florida
Cip	Zıp 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

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Title	Name	Address	Type of Action
	- <u></u>		🖸 Add
			🗆 Add
		Change	
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19. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

purpose of Be Greater Minds LLC The engage in my lawfu a c-tiuit for is to Limited Linbility which <u>Compo</u> stale in . <u> 44.15</u> organized <u>be</u>

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	12-12-2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee