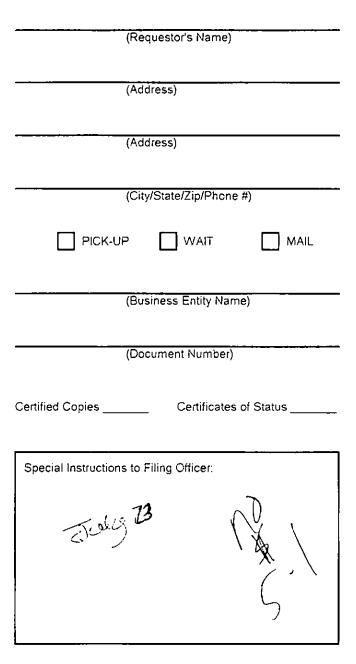
L19 000 237 152



Office Use Only



200428284732

97/31/24--01039--001 **25.00

2024 JUL 2 **5** PH 4: 06

COVER LETTER

	ration Section n of Corporations		
SUBJECŤ:	Ъ	E C Autonet, LLC mt of Limited Liability Company	
noisiect.	Na	me of Limited Liability Company	_
The enclosed Ai	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning th	is matter to the following:	
	<u></u>	Cheryl A. Quinn Name of Person	
		Firm/Company	
		417 MLK JV. Blud Address	200 JUL 23 PH W 06
		ort St. Joe, Fl. 32456 City/State and Zip Code	- 10 B
	E-mail	addresse (to be used for future annual report notification)	- " " "
For further infor	mation concerning this matter	please call:	
	Name of Person	at (SSO) 877 2084 Area Code Daytime Telephone Nur	nber
Enclosed is a ch	eck for the following amount:		
\$25.00 Filin	g Fee	Status Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy conal copy is enclosed)
Regist	Address: ration Section	Street Address: Registration Section	
Regist			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

NOT 5/1/24

ARTIGLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEC Automet LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	and assigned
Florida document number <u>L190000 Z37 152</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	一直 声
	23
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	Congression States
B. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Dinu.	
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	r.ip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove □ Change
			∆ LiChange
			Add
			Change
			□Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change

+, + + +,

If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessar	y.)	
			
	<u></u>		
			
			
		-	
		- 2	
		2071	
	<u>.</u>	23	
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional)	P	
Note: If the date inserted in this block does not meet the applicable statutory filing re-	quirements, this date	will not be listed	i as
document's effective date on the Department of State's records.	Ä		
ne record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m.	on the earlier	· of
Dated April 29, 2024			
Signature of a member or authorized representative of a			
Signature of a member or authorized representative of a	member		
	۸		
Typed or printed name of signee	My		

Page 3 of 3