## 119000241844

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## **COVER LETTER**

TO:

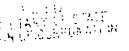
Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
SUBJECT:	BESO In	ivestments LC	C
· <del>-</del>	Name of Lin	nited Liability Company	
The enclosed Articles of ,	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sean	OCTOVO Name of Person	
	BRSO_	Investments (	LC
		NW 7910 Dr	
	Plant	21,00 , FL, 3332 City/State and Zip Code	ર
	Sean · oct of E-mail address: (	to be used for futer annual report notif	ication)
For further information ec	oncerning this matter, please c	all:	
Segn O Name of	Person		Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



F 21 APR 16 AM 10: 02

BRSO TNYEST	MENTS LLC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (	Company were filed on 9 25	and assigned
Florida document number <u>L190W241844</u>	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
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 ENGLISH CORE CORE or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address 21 AFR 15	Type of Action
President	Sean Octuber	1110 NW ZATH Dr	□Add
		Prohision, FL, 33322	i Remove
			□Change
MGR	Sean aquiba	1110 NW 79th Or	OZAdd
		plantation, FL, 33322	□Remove
			□ Change
			□Add
			□Remove
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			□Add
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reffective date is list te: If the date inse	her than the date of the date must be specified in this block do	ecitic and cannot be p es not meet the app	plicable statutory	g or more than 9 v filing require	(optional) 0 days after filing.) I ments, this date w	Pursuant to 605.020 iH not be listed a
ument's effective	date on the Departm	ent of State's reco	rds.			
cord specifies a do s filed.	clayed effective date,	but not an effectiv	e time, at 12:01	a.m. on the ea	flier of: (b) The	90th day after the
cd 4/13	Signati	. 202	uthorized represer	ntative of a mem	ber	
		<u> </u>				