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COVER LETTER

Division of Co						
SUBJECT:	Bethe AR L.LC Name of Limited Liability Company					
	•					
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all corresp	ondence concerning this matter to the following:					
	Jusney Fabregat olirand					
	Soffel DIR LCC Firm/Company					
	15302 SW 142 Tew.					
	Llani ll 33196 City/State abd Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
Hallone Name	of Person at (305) 387-1700 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee	Certificate of Status Certified Copy tadditional copy is enclosed: Certified Copy tadditional copy is enclosed: Certified Copy tadditional copy is enclosed:					

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000774</u> . 29	ere filed on $11-06-7019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Acompany, the designation TEX or die aboreviation TEX.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P/A
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Forida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address AUG H. P. 14: 51	Type of Action
		····	CIAdd
			ElRemove
			OChange
- · · · · · · · · · · · · · · · · · · ·			ClAdd
			E/Remove
			FChange
			DAdd
			E3Remove
		/ <u>.</u>	UChange
		/	DAdd
		/	[IRemove
		// 	(IIChange
			CJAdd
		***************************************	🗀 Remove
	·		
			CiAdd
			ERemove
			EDChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ Effective date, if other than the date of filing: 8 - 10 - 20 0 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member