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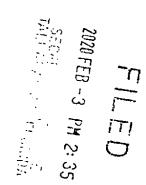
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COVER LETTER

TO: Registration S Division of Co			
	GUEST PROMOTIONS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Tatum		
		Name of Person	
	BE OUR GUEST PROMO	OTIONS, LLC	
		Firm/Company	
	1790 Brookshire Cir		
	······	Address	*****
	West Melbourne, FL 3290)4	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	beourguestgifts@gmail.cor	n to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	iodion)
Robert Tatum		321 613-3003	
Name	of Person		e Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE OUR GUEST PROMOTIONS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on January 13, 2020	and assigned
Florida document number L20000019391		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		202
		020FEB
B. If amending the registered agent and/or registered office	address on our records enter the name	of the now regist
agent and/or the new registered office address here:	address on our records, enter the name	ω
		골 [1]
		1 D
Name of New Registered Agent:	च्या	<u>ω</u>
Now Povintared Office Address:		5
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
	V. H.V	LHI COOK

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Tatum	1790 Brookshire Cire, West Melbourne FL 32904	= Add
			□Remove
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ctive date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the D	date of filing:	te of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.020 hts, this date will not be listed a
cord specifies a delayed effectiv filed.	re date, but not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
January 29	2020		
	DIL TH		
	Signature of a member or authorized	representative of a member	

Filing Fee: \$25.00