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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Cherroet Shene Se lesne Name of Person	
	Benure LLC Finn/Company	
	2005 Enst Maytin Luther King	
	Tamen, Florida, 33607 City/State and Zip Code	
	E-mail address: (to be used for future animal report notification)	
For fur	ther information concerning this matter, please call:	
(Name of Person Area Code Daytine Telephone Number	
Enclose	ed is a check for the following amount:	
1 2 \$ 2:	(additional copy is enclosed) Certified C	of Status &
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 816Tallahassee, FL 32303	3 PM 2: 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beroje LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 00 0 0 2 3 3 3</u> 0 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	were filed on \\\ \(\lambda \) \\ \(\lambda \) \\\ \(\lambda \) \\ \(\lambda \) \\\ \(\lambda \) \\\\ \(\lambda \) \\\ \(\lambda \) \\\\ \(\lambda \) \\\\ \\ \\ \\ \lambda \) \\\\\ \\ \\ \
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "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 BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	12
	City Florida S CZip Code
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 accept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and borovided for in Chapter 605, F.S. Or if this document is

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>	Name	Address 1	Type of Action
AMBIR	Eyerusalom Tessema	4209 N Howard Ave, Tumba	_ ID-Add
		FL, 33607	_ □Remove
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Effective date, if other than If an effective date is listed, the date	the date of filing:	e prior to date of filing or mon	(optiona e than 90 days after fili	al) ng.) Pursuant to 605.	.020
Note: If the date inserted in the document's effective date on the	is block does not meet the	applicable statutory filing i	requirements, this da	ate will not be liste	ed a
document a circuite date on the	a Department of State 3 fe	colds.		s 25	
			the earlier of: (b)	The 90th day after	r th
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Filing Fee: \$25.00