

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : I20210000104 Phone : (561)305-6436 Fax Number : (561)880-9444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BESSA ENTERTAINMENT LLC

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESSA ENTERTAINMENT LLC	
(Name of the Limited L (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number L20000051586	ity Company were filed on 02/13/2020 and assigned
This amendment is submitted to amend the following	ıg:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registagent and/or the new registered office address be	tered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
Name of New Registered Agent.	CORC PARTY OF THE
New Registered Office Address: —	Enter Florida street address Florida City Enter Florida street address Enter Florida Street address Enter Florida Street address
New Registered Agent's Signature, if changing Regis	
provisions of all statutes relative to the proper a accept the obligations of my position as registers	gent and agree to act in this capacity. I further agree to comply with the ind complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability nge.

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	PRISCILLA MARTINS PAMATO	3680 TERRAPIN LN	■Add
		# 505	□Remove
		CORAL SPRINGS, FL 33067	□Change
~			
			□Remove
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			∐Add
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		Raman Bessa Gunion or or authorized represen	talive of a member	OF S	P# [
Dated DECEMBER 17		·		iar IASSEE	C 20 P
e record specifies a delayed effected is filed.	tive date, but not an ef	fective time, at 12:01:	a.m. on the earlier of: (b)	SELP: IMAY OF STATE	
document's effective date on the	·			0 ′3	
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this	nust be specific and cannot block does not meet the	ne applicable statutory	or more than 90 days after to filing requirements, this	filing.) Pursuant to	605.0207 listed as

Filing Fee: \$25.00