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COVER LETTER

TO:

TO: Registration S Division of Co			
DVRS, LL	С		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gael Hyppolite		
		Name of Person	
		Firm/Company	
	3160 Lakeland AVE SW		
		Address	
	Palm Bay, FL 32908		
		City/State and Zip Code	
	juviah46@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	·	
Gael Hyppolite		786 2816779	
Name o	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Sc Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVRS, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>06/08/2020</u>	and assigned
Florida document number L20000155713	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
BEON Capital, LLC.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		7023 MAR SHICKETA
		3 MAR CRE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		222
imming marcsy hart DE 71 7091 OF FREE DON		
		<u> </u>
B. If amending the registered agent and/or registered	office address on our records, enter th	。 e name of th め by registered
agent and/or the new registered office address here:	onice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action _____ Remove _____ □Change ____ □Remove ______ □Remove ______ DChange

_____ □Change

Page 2 of 3

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(li`an ciì <u>Note:</u>	ive date, if other than the diffective date is listed, the date must have the date inserted in this blochent's effective date on the Dep	e specific and cannot be prior k does not meet the applic	cable statutory filing (
	cord specifies a delayed of 90th day after the recor		ot an effective tin	ne, at 12:01 a.m. on th	e earlier of:
Dated	March 6th	2023			
	De Commercial de la com	gnature of a member or auth	orized representative of	'a member	
	Gael Hyppolite				