L2000239655

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEEB Transport Limited Lixibility Company Name of Limited Diability Company Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benjemin Eduards Name of Person
BEEB Transport Limited Liability Company
1744 E Silver Star Rocal STE 503
City/State and Zip Code benealwards 32 0 amail (Com) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benjamin Eduards at (SQL), 703-7130 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy

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

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B+ EB TEAULOOCH LLC		LUZA UCT 22 PM 2.
B + EB TCAN port LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it how appears on our records.) Liability Company)	TALLAHASSEE, FLORIDA and assigned RIDA
The Articles of Organization for this Limited Liability Company	were filed on $8-7-2020$	and assigned RIDA
Florida document number <u>L20000239655</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
34 F.3 ENTERPOSE Limited Lightlity C. The new name must be distinguishable and contain the words "Limited Liabil	OMPOADY hity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5547 rochagle Dr.	
(Principal office address MUST BE A STREET ADDRESS)	OFIANDO PL. 32818	?
Enter new mailing address, if applicable:	5547 10ch dale &	•
(Mailing address MAY BE A POST OFFICE BOX)	OFTANDO FL 32818	
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: Bensam	N ELWARDS	
New Registered Office Address: 5547	Enter Florida street address	
CX1AND	, Floric	ta 32818
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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MGR	BENJAMINO EXWARD	5547 inchale Dr.	□ Add
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