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## **COVER LETTER**

SUBJECT: Benne James Jam	TO: Registration Se Division of Cor			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Fah.   Amendment   Amend	SURJECT: BU	nous James 2	LLC	
Please return all correspondence concerning this matter to the following:    Fah. Helmande Z	3000ECT3227	Name of Lim	ited Liability Company	<del></del>
FA. H. CONSULTING ALC  Firm/Company  10300 SUNSET DE SUITE 164  Address  MIDAI F. 33173  City/State and Zip Code  FHEUNAMEZEFAH CONSULTING ALC-COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TELIX AHELINAMEZ  Area Code  Daytime Telephone Number  P. 325.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
F.A. H. Causulting LIC  Firm/Company  10300 SUNSET DE SUITE 169  Address  MIDMI F. 33173  City/State and Zip Code  FHERNAMEZEFAH CAUSULTING LIC-COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TELIN AHELNAMEZ  Name of Person  Area Code  Daytime Telephone Number  P. S25.00 Filing Fee  Certificate of Status  Certificate Of Status  Certificate Of Status	Please return all correspo	ndence concerning this matter	to the following:	
10300 SUNSET DR. SUITE 164    Address     MIDAI F. 33173   City/State and Zip Code     FHELNAMSZEFAH (BUSI/T) UC LLC-COM     E-mail address: (to be used for future annual report notification)     For further information concerning this matter, please call:     121		Folix A.	HERNANDEZ Name of Person	
Area Code    Solve   S		F.A.H. Ca.	WSU/TONG LIC Firm/Company	
For further information concerning this matter, please call:    Felix A   Fe		10300 SUN	1587 D.C. SUITS Address	164
For further information concerning this matter, please call:    Felix A   Fe		MIRMI FI	33173	<del></del>
For further information concerning this matter, please call:    Felix A   Fe		FHELNAMDEZ.	EFAH CONSULTIVA to be used for future annual report noti	GLLC-CON tication)
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 Certificate of Status &	For further information co			021 OC
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 Certificate of Status &	FElix A. H.	ECNANDEZ Person	at ( <u>30</u> ) <u>92  /-</u> Area Code Daytime	e Telephone Number
Certificate of Status Certified Copy Certificate of Status &	Enclosed is a check for th	e following amount:		
(additional copy is enclosed)	☐ \$25.00 Filing Fee	<del>-</del>		Certificate of Status & Certified Copy
Mailing Address:  Registration Section  Street Address:  Registration Section		_		ction
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	Division of C	orporations	Division of Cor	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BEWN SNAA G (Name of the Limited Li	2 22	0				
( <u>Name of the Limited Li</u> (A FI	ability Company a orida Limited Liab	is it now appears of lity Company)	n our records.)			
The Articles of Organization for this Limited Liabili	ty Company we	re filed on	1/15/20	20	and assi	igned
Florida document number <u>L 2 00003268</u>	45					-
This amendment is submitted to amend the following	g:					
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 design	gnation "LLC" or t	he abbrevi	ation "L.I	C.''
Enter new principal offices address, if applicable:	: _	<del></del>				<del></del>
(Principal office address MUST BE A STREET AL	DDRESS)	····			~~	
		· · · · · · · · · · · · · · · · · · ·	<u></u> ,	<u> </u>	92	<del></del>
_					130	<b>1</b>
Enter new mailing address, if applicable:	_		<del></del>	12 37.	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	2 _		<del></del>		<del>-0</del>	· ]
	_			- <u> </u>	ਹ:	14.50
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office add re:	ress on our reco	rds, <u>enter the r</u>	iname of	the new	registered
Name of New Registered Agent:	FAH. C	ONSU/T	TNG bl	C	<u>-</u>	
	10300 5	Enter Florida	street address	<u>-</u>		
	MYAMI	City	, Florida	33/	173	
New Registered Agent's Signature, if changing Regist	ered Agent:	-u,		2.17	Coae	

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 \$05, 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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an effective da ote: If the di	te is listed, the da ate inserted in t	n the date of f te must be specific his block does r the Department	c and cannot be not meet the a	pplicable stati	filing or more	than 90 days	optional) after filing.) P , this date wi	ursuant to 6 Il not be li	 05.020 sted as
record specifi is filed.	es a delayed ef	fective date, but	t not an effect	ive time, at 12	2:01 a.m. on	the earlier o	f: (b) The 9	Oth day af	ter the
	120/2	12/		<u>_</u> .					
ated			_	_					
ated <i>9</i>		//							

Filing Fee: \$25.00