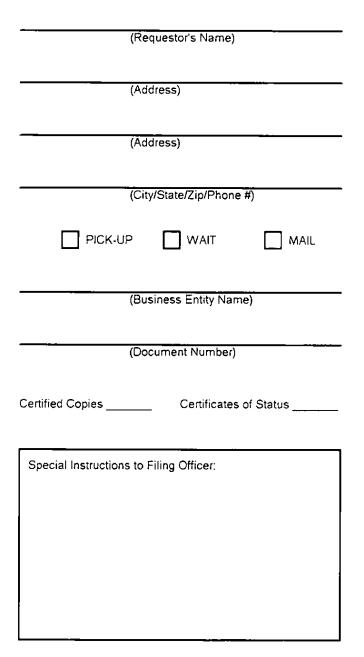
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COVER LETTER

TO:

	Registration Se Division of Cor		٠. ٠. ٠.	, .			
		NTRIC LLC	.	ý			
SUBJEC.	Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		DOMINIQUE LAWSON					
			Name of Person				
		BEE ECCENTRIC LLC					
			Firm/Company				
		328 E. 45TH STREET					
			Address				
		JACKSONVILLE, FL 322	208				
			City/State and Zip Code				
		DOMIRLAWSON@GMA					
		E-mail address: (to be used for future annual report noti	ficution)			
For furthe	r information co	oncerning this matter, please co	all:				
DOMINIC	QUE LAWSON	į.	904 761-4522 at (_)				
	Name of	Person		ne Telephone Number			
Enclosed i	s a check for th	ne following amount:					
□ \$25.00	0 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)			
	lailing Address Legistration S	-	Street Address: Registration Se	ction			
	Division of C		-	Registration Section Division of Corporations			
þ	O. Box 632	7	The Centre of T	Fallahassee			
7	'allahassee, F	L 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEE ECCENTRIC, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000095432	were filed on 3/1/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DOM ELLE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ .
Principal office address MUST BE A STREET ADDRESS)		2024 EE(
i menatopice uduress signi di Antikeli ADDRESS)		THE TOTAL PROPERTY OF THE PROP
		
2		S M
Enter new mailing address, if applicable:		30 B O
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- 16. 16.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	pr	
	Enter Florida street address	
		Florida
	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 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
			□ \\dd
			[]Remove
			☐ Change
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			<u> </u>		
(If an effective date Note: If the date		specific and cannot be pr does not meet the app	olicable statutory fil		nal) iling.) Pursuant to 605.0207 (3 date will not be listed as th
ne record specific ord is filed.	a delayed effective dat	te, but not an effective	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
APRIL I		2024			
		Tin			
	Sigr	nature of a member or au	uthorized representati	ve of a member	
	L		•		