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## **COVER LETTER**

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eub iret.		y CBA, LLC	•		
SUBJECT:	·	Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		George L. Beck			
			Name of Person		
		Beck Family CBA, LLC			
			Firm/Company		
	8749 The Esplanade, Apt. 1				
			Address		
		Orlando, FL 32836			
		george.beck@cbauto.net	City/State and Zip Code		
			to be used for future annual report notification)		
For further	information c	oncerning this matter, please c	all:		
George L. I	Beck		214 718-8402 at ( )		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			App 7		
Mailing Address: Registration Section			Street Address:		
Division of Corporations			Registration Section >		
P.O. Box 6327		-	The Centre of Tallahassee		
Ta	illahassee, I	FL 32314	2415 N. Monroe Street, Suite 8 f0 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beck Family CBA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $^{03/15/2021}_$ and assigned Florida document number L21000118748 This amendment is submitted to amend the following: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 thinted liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing 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
AMBR	George L. Beck	8749 The Esplanade, Apt. 1	
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ote: If the date inserted in this	block does not meet	the applicable statu	story filing require	ments, this c	late will r	ot be listed a
ocument's effective date on the	: Department of State	's records.			2021	
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record specifies a delayed effec	tive date, but not an e	effective time, at 12	2:01 a.m. on the ea	rlier of: (b)	The 90th	day after the
is filed.					27	
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ated April 21	· /································	021			=	
[]. /					A II: 24	
MA	/4/1					
	Signature of a mem	ber or authorized rep	resentative of a mem	nber		