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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B	Assists, LUC Name of Limi	Foray Creative ed Liability Jompany	LIC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Marlee Ko		
	Foray Creat	Firm/Company	
	PO BOX 4731	Address	
	St. Petersburg,	ft 33743 City/State and Zip Code	
	Markeholt be E-mail address: (6	9m ail Com be used for future annual report noti	fication)
For further information co	oncerning this matter, please cal		
Mortee Ke	ay 1+01+	at (711) UG7- Area Code Daytim	2713 te Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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**

FILED

2021 DEC 20 AH 10: 59

BE Assists, LL	2021 DEC 20 AH 10: 59		
(Name of the Limited Liability Comp. (A Florida Limited	Liny as it now appears on our records SECRETARY RECORD TO THE COMPany)		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{}$ 21 000 2 00 4 7 $\underline{}$.	were filed on $O1/29/202$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
FOR AY CY-PATIVE, UC The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	St. Petersbing FL 33707		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po BOX 47314 St Petersburg FL 33743		
B. If amending the registered agent and/or registered office 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: Mame	lee Kay HoH		
Name of New Registered Agent: Malle Kay HoH New Registered Office Address: 5050 19 Ave 5 H Enter Florida street address			
St Peter	Pustova . Florida 33701 . 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>	<u>Address</u>	Type of Action
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			□Remove
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