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COVER LETTER

TO:

	Registration Se Division of Cor				
OUR IE C		TERNATIONAL, LLC		•	
SUBJEC	il:	Name of Lim	ted Liability Company	. ,	
The enclo	osed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please ret	turn all correspo	endence concerning this matter	to the following:		
		ROSA ESTELA MORALI	es .		
			Name of Person		
		AXIOM ACCOUNTING I	'A		
			Firm/Company		
	4951 TAMIAMI TRAIL NORTH SUUITE 103				
			Address		
		NAPLES, FL 34103			
		_	City/State and Zip Code		
		EMORALES@AXIOMAC			
For furth	er information c	e-mail address: (o be used for future annual report notification		
	STELA MORA		239 255-8126 at ()		
	Name o	f Person	Area Code Daytime Telepl	hone Number	
Enclosed	is a check for th	he following amount:		> 	
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of States & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S	Section	Street Address: Registration Section		
	Division of C P.O. Box 632	-	Division of Corporati The Centre of Tallaha		
	Tallahassee, 1		2415 N. Monroe Stre		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEULA INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(77 Fiorios	Ennice Endincy Company			
The Articles of Organization for this Limited Liability Co Florida document number L21000268132	ompany were filed on <u>09/09/2021</u>		and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbrevi	ation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>			registered
Name of New Registered Agent:			7ê21	
New Registered Office Address:			MUL	} ••• •••
-	Enter Florida street addre		<u></u>	۳٦
	City F	lorida	∑ .	ا: -
New Registered Agent's Signature, if changing Registered	•		∑ #P.Code 2 L	

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
MRGM	MARIO I TELLEZ NAZARENO	988 CHESEPEKE BAY CT	= Add
		NAPLES, FL 34120	□Remove
			Change
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n effective date is listed, the date mus	st be specific and canno	t be prior to date of	filing or more than	(optiona 90 days after filir	I) 10-1 Porsnar	u to 605 020
te: If the date inserted in this bl	lock does not meet th	e applicable stat	utory filing requir	ements, this da	te will not	be listed a
cument's effective date on the D	epartment of State's	records.				
ecord specifies a delayed effective is filed.	e date, but not an eff	ective time, at 11	2:01 a.m. on the ea	arlier of: (b)	The 90th d	ay after the
JUNE 09 ted	202	I				
	m. v	·				
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y X4 100	Signature of a membe					

Filing Fee: \$25.00