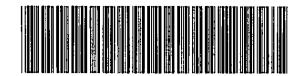
## L2100033650

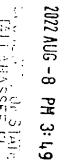
(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

ŢO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
Bynery LL	С			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Samer Hasan			
	-	Name of Person	··············	
	Bynery LLC			
	500 Jacaranda Ter			
		Address		20
		2022 AUG -8 PM 3:		
		City/State and Zip Code		<u></u>
	samerfl@hotmail.com			
		to be used for future annual report notifi-	cation)	PM 3: 49
For further information c	oncerning this matter, please c	all:		
Samer Hasan		954 663-4666 at ()		;• <b>•</b>
Name o	f Person	Area Code Daytime	Telephone Number	<u> </u>
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop radditional copy	f Status & by
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYNERY LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000336509}{L21000336509}$ .	were filed on <u>07/26/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G-8 PH 3: 49
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	15	
	Enter Florida street address	
	, Flor	ida Zip Code
Now Decistored Apont's Signature if changing Decistored Agents	•	гар сом

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New 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

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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August 2nd		2022						
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ated	Signature of a	member or aut	norized represer	ntative of a mer	nber			

Page 3 of 3

Filing Fee: \$25.00