L21000339238

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(Address)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
BEBA BLU	JF. LLC	. 8	
SUBJECT:	Name of Lim	ited Liability Company -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Liljana Ndreu		
		Name of Person	
	BEBA BLUE LLC		
		Firm/Company	
	6991 COLLINS AVE		
		Address	
	MIAMI BEACH FL 3314	I	
		City/State and Zip Code	
	INFO@TAXESBYGEORG		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Liljana Ndreu		786 5345186	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEBA BLUE LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited I Florida document number P21000339238		d on <u>07/27/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	y," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	• •	n our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	TAXES BY GEORGE		
New Registered Office Address:	7455 COLLINS AVE SU	ITE 209	
Comment of the Control of the Contro	Enter Florida street address		
	MIAMI BEACH	Florid	a 33141
	•		Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro-	•		~ ·

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 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
MGR	Liljana Ndreu	7501 BYRON AVE	≡ Add
		MIAMI BEACH FL 33141	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
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l'ffoctis	ve date, if other than the date of filing: (optional)
if an effe <u>Note:</u> - I	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	August - 30 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00