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## **COVER LETTER**

то:					
SHELL	BS Group	Holdings LLC			
SUBJEC	ωT:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Jacqueline Quiroga			
			Name of Person		
Bis Group Holdings (L.C.)  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Jacqueline Quiroga					
	BS Group Holdings LLC  Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Jacqueline Quiroga				
		5511 Parkerest Drive STE	103		
			submitted for filing.  Itter to the following:  Name of Person  Firm/Company  STE 103  Address  City/State and Zip Code ss.com  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SS: (to be used for future annual report notification)  SC: (to be used for future annual report notification)		
Jacqueline Quiroga  Name of Person  ZenBusiness INC  Firm/Company  5511 Parkerest Drive STE 103  Address  Austin, Texas, 78731  City/State and Zip Code fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jacqueline Quiroga c/o ZenBusiness INC  844  493-6249					
			City/State and Zip Code		
				ntification)	
For furth	ner information of	concerning this matter, please c	all:		
Jacqueli	ine Quiroga c/o l	ZenBusiness INC			
	Name (	of Person	Area Code Dayti	ime Telephone Number	
Enclosed	d is a check for t	he following amount:			
<b>≡ \$2</b> 5	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				Section	
<del>-</del>		-			
	P.O. Box 633	27	The Centre of	Tallahassee	
Jacqueline Quiroga e/o ZenBusiness INC       844       493-6249         Name of Person       Area Code       Daytime Telephone Number         Enclosed is a check for the following amount:       ■ \$25.00 Filing Fee       □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)       □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)         Mailing Address: Registration Section Division of Corporations       Street Address: Registration Section Division of Corporations					

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records. Liability Company)	.)
were filed on 08/18/2021	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
1317 Edgewater Dr	6.5
5633	المبيد م
Orlando, FL 32804	<u> </u>
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1317 Edgewater Dr	<u> </u>
5633	
Orlando, FL 32804	40
address on our records, <u>enter t</u>	he name of the new registe
Enter Florida street address	
T la	rida
	ility company here:  lity Company here:  lity Company," the designation "LLC"  1317 Edgewater Dr  5633  Orlando, FL 32804  1317 Edgewater Dr  5633  Orlando, FL 32804  address on our records, enter t

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>	Address	Type of Action
AMBR	Tomas Boisset	1317 Edgewater Dr	□Add
		5633	□Remove
		Orlando, FL 32804	<b>≘</b> Change
			□Add
			□Remove
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				. 18 - 1		
n effect <u>te:</u> If	e date, if other than the date tive date is listed, the date must be so the date inserted in this block dates effective date on the Depart	pecific and cannot be prior oes not meet the applications.	cable statutory filin	(option of the control of the contro	tiling.) Pursuant	to 605,020° be listed as
ecord s is filed	specifies a delayed effective date l.	:. but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th day	y after the
ted	September 28th	. 2021	·			
		/s/Tox	uas Boisset			
		iture of a member or auth	ariant cancer contain	af a mambar		_

Filing Fee: \$25.00