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PICK-UP WAIT MAIL
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01/05/22--01007--020 **25.00



COVER LETTER

то:	Registration So Division of Cor			
eun ire		EELS LLC	•	•
SUBJEC	JI;	Name of Lim	ited Liability Company	_ _
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		MARTIN ROSENOW		
			Name of Person	
		ROSENOW LAW PA		
			Firm/Company	
		3336 Virginia St		
			Address	
		Coconut Grove, FL, 33133		
		mdr@rosenowlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	tification)
For furth	ier information c	oncerning this matter, please c	all:	
Martin R	Rosenow		305 8560058	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	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 Addres Registration		Street Address: Registration So	ection
	Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEDNWHEELS LLC	• , ,	
(Name of the Limited I (A)	Jability Company as it now appears on our records.) (1997) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{09/21/2021}{100}$	and assigned
lorida document number L21000416567		*** • [1
this amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	
	 	
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
	stered office address on our records, <u>enter the na</u>	me of the new regist
gent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street auaress	
-	Florida _	Zin Code
	City	zin 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 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
AMBR	Marrero, Karen	3019 Serendipity way	
		Davenport, FL 33896	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			Change
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			□ Change

Effective date, if other than the date of filing: [an effective 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 02077. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records. The 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 distilled. Determber 29 2021 Signature of a member or authorized representative of a member.	_	
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	Dated 1	2021
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