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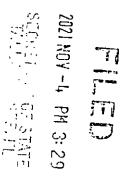
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Y. SCOTT NOV 1 4 2021

COVER LETTER

Division of Co			
BEVOLL	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Monica Uscategui		
		Name of Person	
	Greenlight Financial LLC		202 SEC TA
		Firm/Company	
	7480 Bird Road #810		SECRETAL SECRETARIAN
		Address	前 足 河
	Miami, FL 33155		PH 3:22
	muscategui@greenlightfinz	City/State and Zip Code	7E 29
		to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
Monica Uscategui		305 860-5970	
Name	of Person		Celephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addro Registration		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEVOLL LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/28/2021	and assigned
Florida document number L21000426282	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	\$50851 850851
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation FL.L.C."
Enter new principal offices address, if applicable:		00 D III
(Principal office address MUST BE A STREET ADDR.	ESS)	75 Q Q
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:	office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	, Flo	orida Zio 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
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		FATIH BALIKCI 7480 BIRD ROAD #810

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nument's effective date on the Department of State's records.	•				
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OCTOBER 28TH 2021					
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Filing Fee: \$25.00