## L21000432309

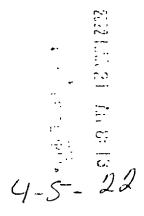
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## **COVER LETTER**

TO: Registration S Division of Co				
CUDINGE	SA HOLDINGS LLC	· ,	•	
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	DEBORAH HAMMER			
	•=	Name of Person		
	HAMMER NAVARRO &	: ASSOCIATES PA		
		Firm/Company		
	400 NW 74TH AVENUE			
		Address	· · · · · · · · · · · · · · · · · · ·	
	PLANTATION, FL 3331	7		
		City/State and Zip Code	<del></del>	
	DHAMMER@HHAACPA	.СОМ		
	E-mail address: (	to be used for future annual rep	ort notification)	
For further information	concerning this matter, please c	all:		
SAMUEL HAMMER		954 370-6	100	
Name (	of Person		Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
<u>Mailing Addre</u> Registration		<u>Street Addı</u> Registrati	ress: on Section	
Division of Corporations			of Corporations	
P.O. Box 631	= '		e of Tallahassee	
rananassee,	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEDEOSSA HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 1, 2021 and assigned Florida document number L21000432309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BADEOSSA HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
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			□Remove
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ective date, if other than the c	late of filing:	(optional)	
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior to date of fi ck does not meet the applicable statute	iling or more than 90 days after filing.) Pu ory filing requirements, this date wil	rsuant to 605.020 I not be listed a
ument's effective date on the De	partment of State's records.		
cord specifies a delayed effective	date, but not an effective time, at 12:0	01 am on the earlier of th). The 90	lth day after th
filed.	date, but not an enecuse time, at 12.0	or a.m. on the earner of. (b) The A	nn day anci m
, MARCH 15	2022		
bed be			
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	ignature of a member or authorized repres		

Filing Fee: \$25.00