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	(Business Entity Name)
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Special Instructions	to Filing Officer
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	CT	OLDINGS LLC		
SUBJE	C1.	Name of Lin	oited Liability Company	· ————————————————————————————————————
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		 -	Firm/Company	
			Address	<u></u>
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	he following amount:		
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MX BN HOLDINGS LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/03/2022	and assigned
Florida document number L22000001429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		70
	-	+25
Enter new mailing address, if applicable:		10
(Mailing address MAY BE A POST OFFICE BOX)		* 4
Winning address SIAT DE A FOST OFFICE BOX)		A11 10:
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter th	-
agent and/or the new registered office address here:	uddress on our records, <u>cher tr</u>	ie name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip 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, 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	Sol Fischer	2315 Donna dee court	■Add
		Toms River NJ 08755	□Remove
			☐ Change
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Iffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	t be specific and cannot ock does not meet the	i be prior to da e applicable	te of filing or mor	(option of the contract of the	filing.) Pursuant to	605.0207 (listed as t
record specifies a delayed effectived is filed.	e date, but not an effe	ective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day a	fter the
January , 7	2022	2 .				
ated						
Dated/s/ Elliott Teitelb	aum					
			I representative of	a member		

Filing Fee: \$25.00