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## **COVER LETTER**

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Registration Section

Division of Corporations	
SUBJECT: Bell 23 Ender	ErPTSCS, LLC bility Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Steven	L. Werble, CPA
	11ting Group
	Avenue, Suite 200
Plantation,	FL 33317
Steven & E-mail address. (to be us	State and Zip Code  LUCC BLE CONSULTING. COM  ed for future annual report notification)
For further information concerning this matter, please call:	
Steven L Werble, CPA	ar (954) 581-0670
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed)  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

FILED

Bell 23	Enterpris	es ILC	FEED			
	ability Company as it now ap orida Limited Liability Compa		<del>- 2022</del> JUN 22 AM 6			
The Articles of Organization for this Limited Liabili	ty Company were filed or	2/11/22	SEORETALLY OF ST 			
Florida document number <u>L</u> 22000092	<u>373</u>					
This amendment is submitted to amend the followin	<b>ē</b> :					
A. If amending name, <u>enter the new name of the</u>	limited liability compar	ny here:				
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the abl	oreviation "L.L.C."			
Enter new principal offices address, if applicable	:					
Principal office address MUST BE A STREET AI	DDRESS)					
	<del></del>		<del></del>			
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BON						
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, <u>enter the nam</u>	e of the new registered			
Name of New Registered Agent:			<del></del>			
New Registered Office Address:	Ente	r Florida street address				
	Enter Florida street address , Florida					
_	City	r locida	Ztp Code			
New Registered Agent's Signature, if changing Regis	stered Agent:					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performanced agent as provided for stered office address, I I	e of my duties, and I am f in Chapter 605, F.S. Or,	amiliar with and if this document is			
	If Changing Register	ed Agent. Signature of New Res	istered 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
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	specifies a	delayed effi	ective date,	, but not ar	effective t	me, at 12:	:01 a.m.	on the ear	tier of: (b)	The 90th day at
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Filing Fee: \$25.00