L22000157384

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Solution of Co.			
	BULL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony A Pajon		
		Name of Person	
	LLC		
		Firm/Company	
	25438 SW 108th Ave		
		Address	
	Homestead, FL, 33032		
	anthonypajon1015@gmail.	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Anthony A Pajon		786 691-9546 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

STRONGBULL LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on $\frac{04/01/2022}{}$ and ass	igned
Florida document number L22000157384		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	y company here:	
BEFRESH PW LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.	L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	1.1	_
-	2	
Inter new mailing address, if applicable:	- <i>h</i>	
-	·	
Mailing address MAY BE A POST OFFICE BOX)		
-	- <u>-</u>	
. If amending the registered agent and/or registered office ado gent and/or the new registered office address here:	lress on our records, enter the name of the nev	v regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

3

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>	Name	Address	Type of Action
			□Add
			□Remove
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			🗆 Add
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fective date, if other than the c	be specific and cannot be ck does not meet the	applicable statutory	or more than 90 days aft	er filing.) Pursuant to 605.0207
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an effective date is listed, the date must ote: If the date inserted in this block becament's effective date on the Depreceded specifies a delayed effective is filed. June 7	date, but not an effect	etive time, at 12:01 a	n.m. on the earlier of: (

Filing Fee: \$25.00