L22000182494

(Requestor's Name)
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(844,000)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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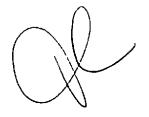
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COVER LETTER

TO:

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SUBJECT:	-	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Elisabeth Mammen		
			Name of Person	
		Spires & Associates		
			Firm/Company	
		uite 25		
			Address	
			City/State and Zip Code	
	tes.com			
		E-mail address: ((to be used for future annual report notification)	
For further i	information c	oncerning this matter, please c	all:	
Elisabeth M	lammen		239 936-4336 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:	2022 Ji	er e e e e e e e e e e e e e e e e e e
■ \$25.00		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee; Certified Copy (additional copy is enclosed) Certified Copy/; (additional copy is enclosed) Certified Copy/; (additional copy is enclosed) P	
Mailing Address: Registration Section			Street Address: Registration Section	
	_		Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
	llahassee. F		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHIM MANAGEMENT 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 04/10/2022 ___ and assigned Florida document number ____L22000182494 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bhimji Management 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
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June 24 Dated	_	2022						
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Filing Fee: \$25.00