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(Requestor's Name)			
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2027 JUN 27 PM 3: 20

COVER LETTER

	gistration Sec ision of Corp			
(1111) 1117	BEKSMOT	OR LIMITED LIABILITY CC	OMPANY	
SUBJECT: Name of Limited Liability Company				
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ULUGBEK M MUHAMA	ADIEV	
			Name of Person	
			Firm/Company	
		4164 FICUS ST		
			Address	
		HOLLYWOOD, FL 33021		
		ULUGBEK0220@YAHOC	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report not	(fication)
For further i	nformation c	oncerning this matter, please ea	ull:	
HOLLYWOOD, FL 33021		641 420-8119		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 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)
	ailing Addres		Street Address: Registration So	etion
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 JUN 27 PM 3: 20
SEALE AMADISH FILE
TALL AMADISH FILE

BEKSMOTOR LIMITED LIABILITY COMPANY

(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 Co	ompany we	re filed on $\frac{f}{f}$	05/31/2022		and assigned
Florida document number 1.22000249434					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liabilit	y company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limit	nited Liability	Company," the	designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	_				-10-
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	_				
	_				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office add	ress on our	records, <u>en</u>	ter the name	of the new registered
New Registered Office Address:		Enter F	 lorida street ad	dress	
	, Florida				
		City	······································	. 1 1011014	Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered againg filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pe gent as pro ed office aa	rformance (vided for in	of my duties Chapter 60	, and Lam fo 95, F.S. Or, i	miliar with and f this document is
	If Changir	g Registered .	Agent, Signatu	tre of New Reg	stered 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
MGR	ULUGBEK M MUHAMMADIEV	4164 FICUS STREET	■Add
		HOLLYWOOD, FL 33021	□Remove
			□Change
<u>-</u>			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
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Typed or printed name of signee