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(Requ	uestor's Name))
(Addr	ess)	
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(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ıment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

· TO:

Registration Section Division of Corporations

eud itzt.		ESTMENTS LLC			
SUBJECT		Name of Limi	ted Liability Company	_	
The enclosed	d Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please return	n all correspo	ndence concerning this matter	o the following:		
		TR LAXMAN			
	Name of Person				
		T R THE TAXMAN INC			
		70 50	Firm/Company		
		1095 BROKEN SOUND P	KWY NW-STE 201		
			Address		
		BOCA RATON, FL 33487			
			City/State and Zip Code		
		tr@trthetaxman.net			
		E-mail address: (t	o be used for future annual report notification)		
For further i	nformation c	oncerning this matter, please ca	11:		
TR Laxmar	1		561 404 3057		
	Name o	f Person	at () Area Code Daytime Telephone Nu	mber	
Enclosed is	a check for th	ne following amount:			
□ \$2 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	ificate of Status & tied Copy	
Re Di P.0	niling Address gistration S vision of C O. Box 632 Hahassee, I	Section Corporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit	te 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.N.K INVESTMENTS LLC				_ 	
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears o Liability Company)	n our re <u>cords.</u>)		
The Articles of Organization for this Limited L. Florida document number 1.22000438706		were filed on 10/01	/2022	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here	:		
JAI GURUJI INVESTMENTS LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		N A			_
(Principal office address MUST BE A STREI	ET ADDRESS)			2022 S∏C	steree
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		N A		DEC 22 PH 3: 45 RETARY OF STATE LEARNSSEF. F.	- -
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our rec	ords, <u>enter the nan</u>	ie of the new regis	<u>sterec</u>
Name of New Registered Agent:	N A				
New Registered Office Address:	N A	Catan Ulanid	a street address		_
		i,nier r iorid	a street aaaress , Florida		
		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>	<u>Address</u>	Type of Action
			Remove
			Change
			/ □ Add
			Remove
			Change
		/	□Add
			□Remove
		/	□ Add
		/	□Remove
		/	Change
			[]Add
		/	□Remove
			□ Change
			□ Add
			□Remove
			□ Change

•	Signature of a member or authorized representative of a member	
ited	CEMBER 13, 2022	
is filed.	CEMBER 13, 2022	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
ite: If the	the date inserted in this block does not meet the applicable statutory filing requirements, this date was a effective date on the Department of State's records.	ill not be listed as
n effective	date, if other than the date of filing: (optional) the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P	ursuant to 605.020
		
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		.
		

Filing Fee: \$25.00