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## **COVER LETTER**

TO: Registration Solution of Co			ė	·
	BAKKEN LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SHAQUILLE VEREEN			
		Name of Person		
	FORMELY KNOWN AS	BEETJE BAKKEN LLC		
		Firm/Company		
	200 RIVERSIDE AVENU	E, UNIT 429		
		Address		
	JACKSONVIELE, FLORI	DA 32202		
	VEREENSHAQ@GMAIL	City/State and Zip Code		2001-DEC TO SECRETARI
	E-mail address: (t	o be used for future annual repo	ort notification)	
For further information c	concerning this matter, please ca	11:		
SHAQUILLE VEREEN	·	+1 67891	134144	- 10 mg 10 mg
Name o	of Person		Daytime Telephone Number	<b>一类</b> 5
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified C	of Status &
Mailing Addres Registration 9 Division of C	Section Corporations		on Section of Corporations	
P.O. Box 632	.7	The Centre	e of Tallahassee	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEETJE BAKKEN LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited I Florida document number L22000528469	Liability Company	were filed on DECEMBER	R 12 2022 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
ABVA Solutions LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		1316 South Gibbs Street		
		33563		
		Plant City, Florida	10 D	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre	Mar.	address on our records, <u>er</u>	iter the name of the new register	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A		. Florida	
	<u></u>	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 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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			□Remove
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Effective date, if other than the	date of filing:		(optional)	
t an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo				
document's effective date on the De				
e record specifies a delayed effective ed is filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 9	0th day after the
December 1st Dated	2024			
56	Signature of a member or auth			
- MAGOLILANO VONO	en			

Filing Fee: \$25.00