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COVER LETTER

	gistration Sec ision of Corp			
		FRESHMENT BEVERAGES	LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		KEVIN DAO CHIEM		
			Name of Person	
		BODHI REFRESHMENT	BEVERAGES LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		15434 SUMMIT PLACE	CIRCLE	
			Address	
		NAPLES, FL 34119		
			City/State and Zip Code	· ·
		Chiembusinesses@gmail.co		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	ncerning this matter, please ea	all:	
Kevin Dao C	Chiem		619 307-2394 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODHI REFRESHMENT BEVE			
(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) Dany)	
The Articles of Organization for this Limited I	Liability Company were filed o	on 01/03/2023	_ and assigned
Florida document number L23000007781	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abore	viation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		Control
		5 : 2)	
Enter new mailing address, if applicable:			·· _
Mailing address MAY BE A POST OFFICE	<u> </u>	··	
B. If amending the registered agent and/or agent and/or the new registered office addro	registered office address on (our records, <u>enter the name o</u>	f the new regist
agent and or the new registered office address	tos nere.		
Name of New Registered Agent:	Kevin Dao Chiem		
New Registered Office Address:	15434 Summit Place Circle		
	Ente	er Florida street address	
	Naples	, Florida ³⁴¹¹⁹	
	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>	Name	Address	Type of Action
AMBR	Geidy Yadira Lopez	15434 Summit Place Circle	
		Naples, Fl 34119	■Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
			□ Change
			□Add
		 	□Remove
		 	□Change
	·	 	DAdd
			□Remove
			□Change
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			□Remove
			□Change

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ffectiv	re date, if other than the date of filing:
an effec	ve date, if other than the date of filing:
ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record	d.
record Lis file	
record I is file	
i is tile	··
i is tile	
is tile	1/ /~
is tile	Signature of a member or authorized representative of a member

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