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COVER LECTER

TO: Registr Division	ation Sectio n of Corpor	n ations			
ВС	JSINESS &	NETWORK GROUP LLC			_
SUBJECT:		Name of Limited	Liability Company		
		nendment and fee(s) are submit			
Please return all	corresponde	ence concerning this matter to	the following:		
•		TALITA BENDILATTI			
			Name of Person		
		CONECTION ACCOUNTS	VG LLC		
			Firm/Company		7
		7450 DR PHILLIPS BLVD	STE 303		·
			Address		
		ORLANDO, FL 32819			· · · · · · · · · · · · · · · · · · ·
			City/State and Zip Code		: '
		documents@connectionacco	unting.com be used for future annual rep	ourt notification)	
				,	
For further inf	formation co	ncerning this matter, please ca			
TALITA BE	NDILATTI		at ()	4929 Daytime Telephone N	umher
	Name of	Person	Area Code	Daytime Telephone 14	unioci
Enclosed is a	check for th	e following amount:			_
≘ \$25,00 F		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Ce (hau)	1.00 Filing Fee, rtificate of Status & rtified Copy ditional cupy is enclosed)
Re Di P.0	diling Address gistration vision of CO. Box 632 dlahassee,	Section Corporations 27	Division The Cer 2415 N	idress: ntion Section n of Corporations ntre of Tallahasse . Monroe Street, S ssee, FL 32303	e Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUSINESS & NETWORK GROUP LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	ompany were filed on 02/27/2023	and assigned
Florida document number L23000113552	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lum	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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

Title'	<u>Name</u>	Address	Type of Action
AMBR	ANDREA JIMENEZ GOES	5519 TURIN ST	□Add
		ORLANDO. FL 32807	Remove
			☐ Change
			□Remove
			☐Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

<u> </u>		
		
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ck does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
record specifies a delayed effective is filed.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
Abril, 14	. 2023	
A	cuma Quimonaris Signature of alguember or authorized represe	0.