12300040069

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Y. SCOTT JUL 2 9 2023

COVER LETTER

TO: Registration Se Division of Cor				
Sollo Inves	stors LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Annette Ploumis			
		Name of Person		
	Bevy Data LLC			2
		Firm/Company	•,	023
	1344 St Lawrence Drive		· - ·	
		Address	· .	-7
	Palm Beach Gardens, FL	33410		PH 2: 2
		City/State and Zip Code		5.
	aploumis@aol.com		• ,	7
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		
Annette Ploumis		561 512-2997		
Name o	f Person		ie Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end	us &
Mailing Addres		Street Address:	vetion	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 632		The Centre of	l'allahassee	
Tallahassee,	FL 32314	2415 N. Monro	oc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	lability Company)	 -
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000140069</u> .	were filed on 03/20/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bevy Data LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		-1 U
Enter new mailing address, if applicable:		72
(Mailing address MAY BE A POST OFFICE BOX)		2:27
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addre	288
	, F	lorida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, oprovided for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is

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
			□∧dd
			□Remove
			☐Change
			□Add
			□Remove
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fective date, if other than	the date of filing	06/02/2023		(optional)	
in effective date is listed, the date	must be specific and	cannot be prior to d	ate of filing or more th	an 90 days after filing.) Pursuant to 605.03
ote: If the date inserted in thi cument's effective date on th			statutory filing req	urrements, this date	will not be listed
ecord specifies a delayed effe is filed.	ctive date, but not a	an effective time.	at 12:01 a.in. on th	e earlier of: (b) Th	e 90th day after th
June 2, sted		2023			
	and a				
			ed representative of a		

Filing Fee: \$25.00