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11/01/24--01012--003 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations

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Business Ethics and Education Commission LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Vega

Name of Person

BLUE MEADOW HOLDINGS LLC

Firm/Company

3 WEST GARDEN STREET SUITE 718

Address

Pensacola/Florida 32502

City/State and Zip Code

bdunaway@thebeakn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Dunaway

Name of Person

615 5079237 at (_____)

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Ethics and Education Commission LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number 1.23000197283	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Business Ethics And Knowledge Network LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

		6)
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>ent</u>	ter the name of the new registered
agent and/or the new registered office address here:		10: 58
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street ade	lress
	•	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Change
			🗆 Add
			□Change
			🗆 Add
			🗋 Change
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			Change
		<u></u>	□ Add
			Change
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			□Change

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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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If the record 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 is filed.

October 25 Dated	2024
1/0	niel Vege
	Signature of a member or authorized representative of a member

Daniel Vega