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SECING JARY OF STATE
TALL AHASSEE, FLORIDA



COVER LETTER

CT ITS TTS CWT					
SUBJECT:	, , !	Name of Lin	nited Liability Company		
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all e	огтевроп	dence concerning this matter	to the following:		
		ADRIAN GARCIA BENI	то		
			Name of Person		
		BEAGLES GROUP LLC			
	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: ADRIAN GARCIA BENITO Name of Person BEAGLES GROUP LLC Firm/Company 5930 NW 99th AVENUE UNIT 9 Address DORAL, FLORIDA 33178 City/State and Zip Code BS USA GROUP CORP B-mail address: (to be used for future annual report notification.) Information concerning this matter, please call: ARCIA BENITO Name of Person Area Code Certificate of Status & Certificed Copy (additional copy is enclosed) Certificate of Status & Certificed Copy (additional copy is enclosed) Ling Address: gistration Section Eling Address: gistration Section Division of Corporations				
		5930 NW 99th AVENUE	UNIT 9		
			Address		
		DORAL, FLORIDA 3317	8		
			City/State and Zip Code		
					
For further inform	ution con			report nonneanor	.,
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			at () Area Code	Davtimo Telec	thone Number
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Enclosed is a chec	k for the	following amount:			
≡ \$25.00 Filing	Fee		Certified Copy		Certificate of Status &
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Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAGLES GROUP LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/5/2023	and assigned
Florida document number L23000271654		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		2023 FALL
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		AAA
F. A		ASSE ASSE
Enter new mailing address, if applicable:	· · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		25. 8. C
		A -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
17011 Registated Office (Tauless).	Enter Florida street addre.	72
	, FI	orida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PALERMO, EUGENIO	600 E CAMPUS CIR	□ Add
		FORT LAUDERDALE, FLORIDA 33312	=Remove
			□ Change
AMBR	GARCIA BENITO, ADRIAN	5930 NW 99th AVENUE UNIT 9	□ Add
		DORAL, FLORIDA 33178	=Remove
			□ Change
AMBR	PEREZ, LYTZ C	5930 NW 99th AVENUE UNIT 9	□Add
		DORAL, FLORIDA 33178	■Remove
			Change
MBR	GARCIA BENITO, ADRIAN	5930 NW 99th AVENUE UNIT 9	≣ ∧dd
		DORAL, FLORIDA 33178	□Remove
			☐ Char.ge
MBR	PEREZ, LYTZ C	5930 NW 99th AVENUE UNIT 9	≅Add
		DORAL, FLORIDA 33178	□Remove
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			□Remove
			□Change

Effective date, if other than the date of filing:			_
Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date and the date inserted and the date inserted and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date is filed.			
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Filing Fee: \$25.00

Typed or printed name of signee