L23000338613

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City)	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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COVER LETTER

Division of Cor		\$c.	
BándE serv SUBJECT:			
30BJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	2023 AUS 14 PM 12: 14
Please return all correspo	ondence concerning this matter	to the following:	45, <u>—</u> ∫α_ #π 5, —
	Daniel Reyes		7. 7. 2.
		Name of Person	-
	ZenBusiness INC.		
		Firm/Company	·
	336 E. College Ave Suite	301	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	<u> </u>
	fulfillment@zenbusiness.co	om to be used for future annual report noti	fication
For further information c	oncerning this matter, please c		
Daniel Reyes		512 237-7349 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BandE services LLC			• •	-
(<u>Name of the Limiter</u> (7	l Liability Compan V Florida Limited Li	y as it now appears on our reco ability Company)	rds.)	<u>∃</u>
The Articles of Organization for this Limited Lia Florida document number 1.23000338613	hility Company v	vere filed on <u>07/18/2023</u>		and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	itv company here:		
BEAPS LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designation "LI	.C" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applica	ble:			***
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		ldress on our records, <u>ente</u>	er the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
-		Enter Florida street addr	ess	
		F	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Brock P Oakes	7901 4th Street North STE 300	= Add
		St. Petersburg, FL 33702	□Remove
		US	
			□Add
			□Remove
			20 Change AUG
			☐Add
			□Change
			□Add
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fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Do	ock does not meet the ap	plicable statutory fi	r more than 90 day ling requirement	(optional) s after filing.) Po is, this date wil	irsuant to 605.02 If not be listed
record specifies a delayed The 90th day after the rec		not an effective	e time, at 12:	01 a.m. on	the earlier
August 4th	2023				
					
	Clijah H Signature di a member or a	Hawthor	ne		