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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 : (407)992-9407 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## ರ್ಷ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BILHON CAPITAL LLC

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	•		COVER LETTER	₹
	gistration Section vision of Corpora			•
មានស្រីក <u>:</u>	\$ 		ON CAPITAL LLC	
		Name of	Limited Liability Company	
			rticles of Amendment an	
			ing. Please return all cor	respondence
		concerning this	matter to the following:	
	_		Maria C Sousa	
			Name of Person	
		S	A Finance & Accounting Inc	
	_		Firm Company	
	_		5728 Major Blvd Ste 309	)
			Address	
			Orlando Florida 32819	
			City/State and Zip Code	
			contactus@sousaacc.cor	11
		E-mail addre	ss: (to be used for future annual r	eport notification)
or further	information concer	rning this matter, pleas	se call:	
	Maria C Si	usa	at ( <u>407</u> ) Area Code	8007028
	Name of Pers	on	Area Code	Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: '8 '09/1/2023 04:12 PM TO:18506176383 FROM:4079929407

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BILHON CAPITAL LL	C	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were	filed 08/15/2023	and assigned
on Florida document number L23000383540		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the	abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7-1-4-1	
(Mailing address MAY BE A POST OFFICE BOX)		
	%* ********************************	<del>.</del>
	•	0 m 7
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the m</u>	ime of the new regis
		•
Name of New Registered Agent:		<del></del>
		**
New Registered Office Address:	Enter Florida street address	<del>ک</del> . خن
		(D)
<u> </u>	Florida	Zip Code
C t	11	zip Coac

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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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
MGR_	Kleysson Braga	11 APEX DRIVE SUITE 300A	iXAdd
		MARLBOROUGH, MA 01752	TRemove
			□Change
			□Add
		- <u></u>	□Remove
<del></del>			□Add
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			□Remove
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			TRemove
			□Change

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te: If	date, if other than the date of filing:  (optional)  (ive 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 605.0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
cord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	September 13 . 2023
	William SUBrigg
	Signature of a member or authorized representative of a member