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(Ci	ty/State/Zip/Phone	· #)
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer:	
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	J. HORI	·· -
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Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of Co			
Bejarano	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ailema Bejerano	Λ	<u> </u>
	(Name of Person	
	10318 River Bream Dr	Cient Company	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Riverview, Florida, 3356	9	
	bejerano2023@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please co	to be used for future annual report notif all:	Teation)
Ailema Bejerano		813 809-5925 at ()	
Name	of Person		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)
Mailing Addre Registration		Street Address: Registration Sec	rtion
Division of (Corporations	Division of Corp	porations
P.O. Box 63		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroc Tallahassee, FL	: Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bejarano LLC

The state of the s (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 Liabili		023 and assigned
Florida document number L23000434028	,	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Bejerano LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	

Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		I de la companya de l
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ds. enter the name of the new register
	_	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		, 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 Changing Registered Agena 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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			☐ Change
		-	□Add
			□Remove
			Change
			□Remove
			□Change



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Filing Fee: \$25.00