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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAS FINANCIAL GROUP INC

Account Number : 120070000101

Phone : (954)873-9018 Fax Number : (860)559-9385

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEEPRO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMEUX

OCT 24 2023

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

(Name of the Limited Liability Comp.	any as it now appears on our records.)	<del></del>		
(A Florida Limited	any es it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 10/11/2023	and assigned.		
Florida document number L23000468448				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Linb	ility Company," the designation "LLC" or the abb	reviation "LL.C."		
Enter new principal offices address, if applicable:	2719 OAKMONT CT			
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33332			
	·			
Enter new mailing address, if applicable:	2719 OAKMONT CT			
(Mailing address MAY BE A POST OFFICE BOX)	WESTON; FL 33332			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registere		
agent known the new registered drings andress dere.				
Name of New Registered Agent:				
Name of New Acameted Agent.		···		
New Registered Office Address:	Enter Flyrida street address			
	Lines Figure 37 cel Baux 635	ر ا د ا		
•	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent		Lip cove		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent as	provided for in Chapter 605, F.S. Or, i	f this document is		
being filed to merely reflect a change in the registered office	e address, I hereby confirm that the lim	ited liability		
company has been notified in writing of this change.		~~·		

if Changing Registered Agent, Signature of New Registered Agent

To: DIVISION OF CORP Page: 4 of 5 2023-10-22 21:13:51 GMT 18005599305 From, ORLANDO SILVA

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
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			□Change
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e: If the date inserted in this urnent's effective date on the	the date of filing:  must be specific and cannot be prior is block does not meet the applic be Department of State's records.	able statutory filing	requirements, this c	late will not be listed:
cord specifies a delayed effe s filed.	ective date, but not an effective ti	me, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after th
ed 10/22	2023	·		
	andred -			
	11/11/01			