L23000 516222

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	idress)	
(Cit	ty/State/Zip/Phone	" "
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000420757700

024 JAN 12 AM 10:

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/12/2024	_	**WALK IN**
ENTITY NAME Benefic	ial Owner Filing LLC	
DOCUMENT NUMBER		
-	**PLEASE FILE THE ATTACHED AND RETURN	/**
XXXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE	ENTTTY**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	N
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$25	ACCOUNT #:	120160000072
	-5 X	THO STATE
Please call Tina at t	he above number for any issues or concerns.	•



January 16, 2024

SUNSHINE STATE

SUBJECT: BENEFICIAL OWNER FILING LLC

Ref. Number: L23000516222

CORRECTED
Please Allow For
Same File Date

We have received your document for BENEFICIAL OWNER FILING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 924A00000814



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

FILED

2024 JAN 12 AM 10: 26

Beneficial Owner	Filing LLC ad Liability Company as it now appears on (A Florida Limited Liability Company)	nur radaidal (Att.	(SSEE TO 10) E
(Carry of the Elline	(A Florida Limited Liability Company)	OH ILLUING	NOUSE FLURIDA
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on _11/1	15/2023	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here:		
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the design	nation "LLC" or the	abbreviation "L.I.,C."
Inter new principal offices address, if applica	able:		
	 		
		· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREE			
Principal office address MUST BE A STREE			
Principal office address MUST BE A STREE	T ADDRESS)		
Principal office address MUST BE A STREE	T ADDRESS)		
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or regent and/or the new registered office address	BOX) egistered office address on our reco		me of the new regist
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	BOX) egistered office address on our recors here: All American Document Ser		me of the new regist
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or regent and/or the new registered office address	BOX) egistered office address on our recors	rvices, LLC	me of the new regist
Principal office address MUST BE A STREET Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	BOX) egistered office address on our records here: All American Document Ser 701 SE 32nd CT, Suite 206	rvices, LLC	me of the new regist

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.

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>	Name	Address	Type of Action
AMBR	Searchlogix LLC	701 SE 32nd CT, Suite 206	(XIAdd
		Fort Lauderdale, FL 33316	□ Remove
			□Change
AMBR	Lisbette A Gonzalez	2075 SW 122 Ave, Apt 211	□ Add
		Miami, FL 33175	ŽiRemove
			Change
			
			□Remove
			CRemove
			Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			ПСпапсе

								
								
		<u></u>						
					·			
 				 			2024	
							<u></u>	-
						- 	JAN 12	٠
		 				SSE	. ~	
						• -	. <u>I</u>	
						FLORIDA	M 10: 26	
								
	<u></u>	 						
				-		 -		
ective date, if oth n effective date is listed te: If the date inser- cument's effective d	d, the date must be rted in this block	e specific and can k does not meet	not be priot to d the applicable	ate of filing or me statutory filing	ore than 90 days at	tional) ler filing.) Pursi his date will n	ant to 605. not be liste	02) d :
cord specifies a del is filed.	ayed effective d	ate, but not an e	effective time,	at 12:01 a.m. c	on the earlier of:	(b) The 90th	ı day after	th
led <u>January 05</u>		·_	2024					
					<u> </u>			
	Si	gnature of a mou	per or authorize	a representative	of a member			

Filing Fee: \$25.00