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COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: <u>Bek</u>	ind Green Ll	_(
<u>-</u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Abigail Riv	Name of Person	
		Firm/Company	<u> </u>
	1931 Cordova	Rd.PMB 3021	
		dale, FL 3331 City/State and Zip Code	6
		IL @ Outlook . Lo	
For further information of	concerning this matter, please ca	ill:	
Abigail Riv	LTD of Person	at (<u>754</u>) <u>237</u> -	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	iion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632		The Centre of Ta	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on a mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor	npany were filed on	and assigned
Florida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	rvet address
	,	
	City	, Florida 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 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 Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Abigail Rivera	1021 SW 2nd Street # 203 Fort Lauder	dale * Add
	•		□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
4			□Add
			Remove
			Change
			□Add
			Remove
			□Change
		<u> </u>	□ Add
			□Remove
			Change

		
- F-CC		, .
(If an e <u>Note:</u>	tive date, if other than the date of filing:	c 0207 (3 d as th
f the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the
Dated	April 8 . 2024	
	Signature of a member or authorized representative of a member	
	organistic of a memory of authorized representative of a memori	
	$\Lambda \cup A \cup A \cup A$	