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## **COVER LETTER**

Registration Section

TO:

Division of Co	orporations		
BHNN LI	.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NATALIA POSADA		
		Name of Person	
		Firm/Company	
	LS PINE ISLAND RD AI	PT 311 BLDG 1	
		Address	
	PLANTATION, FL 3332-	1	
	info@bhnntowing.com	City/State and Zip Code	<del>-</del>
	<del>-</del>	to be used for future annual report in	otification)
For further information of	concerning this matter, please c	all:	
NATALIA POSADA		754 280 59 40	
Name (	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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>M</u> ailing Addres	88:	Street Address:	
Registration Section		Registration S	
Division of C	-	Division of Co	
P.O. Box 632 Tallahassee,		The Centre of	
rananassee,	にた コイシナナ	2415 N. Mont	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRINN LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	03/20/2024 and assigned
Florida document number L24000137647	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company l	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	202
	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	3: 5j
	71 71 71 71 71 71 71 71 71 71 71 71 71 7
3. If amending the registered agent and/or registered office address on our	records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	- Control of the Cont
New Registered Office Address:	
Enter Flo	orida street address

New Registered Agent's Signature, if changing Registered Agent:

HONSELL C

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN C SANIN	1 S PINE ISLAND RD APT 311 BLDG 1	<b>≣</b> Add
		PLANTATION, FL 33324	□Remove
MGR	NATALIA POSADA	1 S PINE ISLAND RD APT 311 BLDG 1	□Add
		PLANTATION, FL 33324	Remove
			<b>=</b> Change
			□Add
		<del></del>	□Remove
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## Carrier Contract

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be block does not meet the a	prior to date of filing pplicable statutory		ifter filing,) Pursuant to 60	
e record specifies a delayed effect d is filed.	ive date, but not an effect	ive time, at 12:01	a.m. on the earlier of	l (b) The 90th day aft	er the
Dated MAY 29	. 2024				
	Natalia Po	Sode			
	Signature of a member or	authorized represer	tative of a member		
		·			