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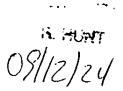
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## **COVER LETTER**

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BEING INVESTS	MENTS LLC					
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Name of Limited Liability Company						
Amendment and fee(s) are sub	mitted for filing.					
ndence concerning this matter	to the following:					
DANIE	EL FRUTUOSO FERREIRA					
	Name of Person					
BED	KG INVESTMENTS LLC					
	Firm/Company	· · ·				
114-	40 NW 50TH TER	· · · · · · · · · · · · · · · · · · ·				
<del></del>	Address	<del></del>				
DORAL, FL 33178						
danielfru	City/State and Zip Code tuoso.ferreira∉ gmail.com					
E-mail address: (	to be used for future annual report no	tification)				
oncerning this matter, please c	all:					
ERREIRA	786 9202815					
Person	at () Area Code Dayti	me Telephone Number				
e following amount:						
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
<u>s:</u> Section	Street Address: Registration S	ection				
orporations	Division of Co	orporations				
	Amendment and fee(s) are substituted and fee(s)	Amendment and feets) are submitted for filing.  Amendment and feets) are submitted for filing.  Indence concerning this matter to the following:  DANIEL FRUTUOSO FERREIRA    Name of Person				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEING INVESTMENTS LLC (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 Liability Company were filed on and assigned Florida document number \_\_\_1.24000223703 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_

## 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.

Circ

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	THIAGO A RIBEIRO CAIXETA	11440 NW 50TH TER DORAL, FL 33178	
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Note: If the date inserted in this blocument's effective date on the D	ock does not n	neet the applica	ible statutory t	iling requireme	nts, this date	will not be l	listed as
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SEPTEMBER 05		2024					
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