

L24000417807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

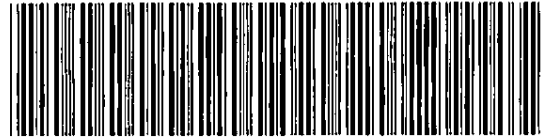
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JAN - 9 2025

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01/08/25--01001--004 **25.00

FILED
2025 JAN - 7 AM 10:18
RECEIVED
2025 JAN - 7 PM 4:52
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIENESTAR CONNECT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHANNA GUILLEN
Name of Person
JOHANNA GUILLEN
Firm/Company
13790 NW 9th road
Address
Newberry, Florida, 32669
City/State and Zip Code
faithfulcorpfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA GUILLEN 239 7039675
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

BIENESTAR CONNECT, LLC

2025 JAN -7 AM 10:18

(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 09/25/2024 and assigned Florida document number 1,24000417807.

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 "L.L.C."

Enter new principal offices address, if applicable:

13790 NW 9TH ROAD

(Principal office address MUST BE A STREET ADDRESS)

NEWBERRY, FLORIDA, 32669.

Enter new mailing address, if applicable:

13790 NW 9TH ROAD

(Mailing address MAY BE A POST OFFICE BOX)

NEWBERRY, FLORIDA, 32669.

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** _____

City

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Personnel 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PALACIOS, YEISON		<input type="checkbox"/> Add
		3705 SW 27TH ST UNIT 227, GAINESVILLE, FL 32	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIVEROS, MIGUEL	13790 NW 9TH ROAD, NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUILLEN, JOHANNA		<input type="checkbox"/> Add
		19 DEL PRADO BLVD, CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARRA, FANNY	13790 NW 9TH ROAD, NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 6TH 2025

[Handwritten signature]

Signature of a member or authorized representative of a member

~~JOHANNAGUILLEN~~

Fanny Parra

Typed or printed name of signee