

19000 202107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

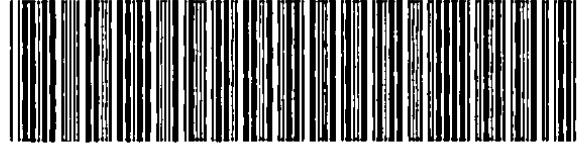
(Document Number)

ed Copies _____ Certificates of Status _____

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FILED

Registration Section
Division of Corporations

BEANS DESIGN, LLC

Name of Limited Liability Company

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

For all correspondence concerning this matter to the following:

Briana Graybush

Name of Person

Beans Design, LLC

Firm/Company

1917 SW Aaron Lane

Address

Port St. Lucie, FL 34953

City/State and Zip Code

briana.graybush@gmail.com

E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Graybush at () 772 766-5435

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$0 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

TO
ARTICLES OF ORGANIZATION
OF

BEANS DESIGN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on August 8, 2019 and assigned document number L19000202107.

A document is submitted to amend the following:

Changing name, **enter the new name of the limited liability company here:**

The 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: _____
(If office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(If address MAY BE A POST OFFICE BOX) _____

When changing 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:

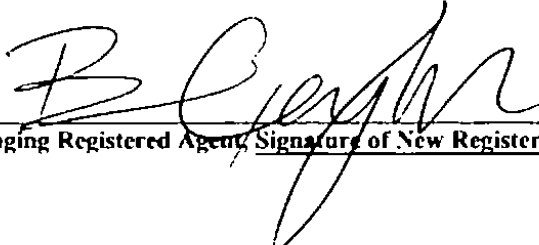
Name of New Registered Agent: Briana Graybush

New Registered Office Address: 1917 SW Aaron Lane

Port St. Lucie, Florida 34953
City Zip Code

Enter 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 understand 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

from our records:

Manager
Authorized Member

Name

Address

Type of Action

_____	_____	<input 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
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_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change

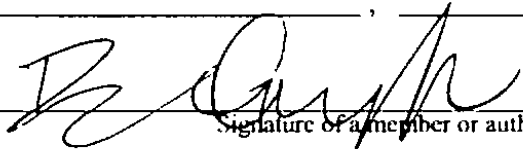
ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.

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 l.

November 1, 2022



Signature of a member or authorized representative of a member

Briana Graybush

Typed or printed name of signee