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(Requestor's Name)
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(Document Number)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: RA		R & COMPANY ited Liability Company	LLC
	Name of Em	med Claumy Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
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riease return an correspor	ndence concerning this matter	to the following:	
	n .		- ∩
	KA	Name of Person	I-K
		Name of Person	
		Firm/Company	
	<i>O</i>	. ,	~ .
	921	PARKWOOD A	RIVE :
		Address	
	\(<i>5</i> -	IN II 211	(00 =
	DONE	DIN FL 34 City/State and Zip Code - Vamona Va to be used for future annual reportinotit	6-18
	1 + +	City/State and Zip Code	<u> </u>
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For further information co	neerning this matter, please c	all:	
D o	Maa. 20	- 202 402	0573
Name of	Person	at (262) 402 Area Code Daytime	e Telephone Number
	1	. uca code Dayiiii	e receptione realiser
Enclosed is a check for the	e following amount:		
☑\$25.00 Filing Fee	当\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
•	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address	:	Street Address:	
Registration S		Registration Sec	ction
Division of Corporations		Division of Cor	=
P.O. Box 6321		The Centre of T	
Tallahassee, F	1. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMONA BEYER	& COMPAN	NY LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on coability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 17 97 75</u>	were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		r records, enter the name of the new registered [Florida street address] [Florida
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name of the new registere</u> c
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street address	
	City	
New Registered Agent's Signature, if changing Registered Agent:	Cin	Ση/ Cola
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d rovided for in Chapt	duties, and I am familiar with and neer 605, F.S. Or, if this document is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMONA BEYER	921 Parkwood Drive	MAdd
	,	921 Parkwood Drive Dunedin FL 34698	□Remove
			□Change
AMBR	CHAD BEYER	921 Parkwood Drive	tandd
	1	Dunedin 7L 34698	□Remove
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effective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	g.) Pursuant to 605.	
16 the date inserted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.	r will not be fiste	ou as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	he 90th day after	r the
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Proceedings of the second seco		
Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member Ramona Typed or printed name of signee	•	1.7 7.7 (2)

Filing Fee: \$25.00