

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000206120

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXPROS OF CLERMONT LLC
Account Number : 120210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

2023 AUG -2 PM 9:33
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Admin@Taxpros ofclermont.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEATA CONLEY LLC

RECEIVED
2023 AUG -2 PM 3:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEATA CONLEY 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:

Stephanie Monroy

Name of Person

Tax Pros of Clermont LLC

Firm/Company

4279 S HWY 27 STE E

Address

Clermont, FL 34711

City/State and Zip Code

admin@taxprosofclermont.com

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

For further information concerning this matter, please call:

Stephanie Monroy

352 660-1026
at ()

Name of Person

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
2023 AUG -2 PM 9:3
ALLAHASSEE, FL 32115

Beata Conley 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 04/26/2023 and assigned
Florida document number L23000206120.

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:

9507 Glenpointe Dr

(Principal office address MUST BE A STREET ADDRESS)

Riverview, FL 33569

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 _____

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---------------------|---|
| AMBR | Leah Conley | 9507 Glenpointe Dr | <input checked="" type="checkbox"/> Add |
| | | Riverview, FL 33569 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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 DATE 08-21-2019 BY 60328 JMS/STW

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

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 INDIANA SECRETARY OF STATE

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 August 2nd 2023



 Signature of a member or authorized representative of a member

David Nameniuk - Registered Agent

 Typed or printed name of signee