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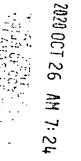
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: The B	EALL AND SZYN	NANSKI FAMILIES F	ASSET PRESERVATION L)MPAN
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Michael	MAddALONI Name of Person		
	BEALLS S	upport Group	<u>.</u> .	
	_1806 38H	L AVENUE EAST		
	BRADENTON	FL 34208 City/State and Zip Code		
	Michaelm (DEAILS INC. COM to be used for future annual report noti	a	
For further information e	E-mail address: (oncerning this matter, please e	-	fication)	
Michael M	AddALONI f Person	at (<u>Q41</u>) <u>744 - L</u> Area Code Daytim	1309 e Tetephone Number	
Enclosed is a check for the	he following amount:			
☑ \$25.00 Filing Fee	☐ \$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>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
1 30, 100, 002	• <i>1</i>	THE CERTIC OF I	CONTROL CONTRACTOR	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Beall and Szymanski Families Asset Preservation Company, 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 Compa	any were filed on E	EDRUARY 4 2005 and assigned
Florida document number L0500012139		• •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company h	ere:
The new name must be distinguishable and contain the words "Limited L	iability Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our	records, enter the name of the new registered
New Registered Office Address:		
	Emer Flo	orida street address
	·	, Florida Zip Code
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance o as provided for in	f my duties, and I am familiar with and Chapter 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, <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>	Address	Type of Action
MGR	KNOPIK STEPHEN M	1806 38th AVENUE EAST	□Add
		BRADENTON, FL 34208	KRemove
MGR	LOVE DANIEL P	1806 38th Avenue East	Xvdq
		BRADENTON FL 34208	□Remove
			🗆 Change
			□AdJ
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			🗆 Change
		 -	□Add
			□Remove
			DAJd
			□Remove
			E/Changa

Fective date, if other than the date of filing: (optional) (opti		information, enter change(s) here: (Attach additional sheets, if necessary.)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.		
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is filed.	record specifies a delayed is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	Pated	Camp P. Jone
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
DANIEL P LOVE		David D. Lov