107000017178

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COVER LETTER

TO:

Registration Section Division of Corporations

Bev Larson	ı, LLC		
300M2CT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bev Larson		
		Name of Person	
	Lahaina Realty		
		Firm/Company	· · ·
	16970-160 San Carlos Blv	d.#288	
		Address	
	Fort Myers, Florida 33908	3	
		City/State and Zip Code	····
	Bev1314@aol.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Bev Larson		239 281-1290 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section of Coron The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

	2020 MAY - 4 PM 2: 58
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.) \ Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L07000017178	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
	-
agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regist</u> <u>here</u> :
4.7	•
agent and/or the new registered office address	•
Name of New Registered Agent:	<u>here</u> :

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, <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>	Name	Address 2020	MAY -4 PH 2: 5 Ppe of Action
AMBR	Richard A. Larson	16970-160 San Carlos Blvd. #28	38
		Fort Myers, Fl. 33908	
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			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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effective dat te: If the da	, if other than the est listed, the date te inserted in this ective date on the	must be specific a s block does no	and cannot be t meet the a	prior to date o	of filing or r tutory filin	nore than 90	(optio days after the nents, this	iling.) Purst	ant to 605.02 ot be listed
cord specifics filed.	es a delayed effe	ctive date, but n	iot an effect	ive time, at	12:01 a.m.	on the ear	ier of: (b)	The 90th	day after th
ed May I	Tax	<u> </u>	2020	·	·			7	<u> </u>