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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Address) (Address) (City/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

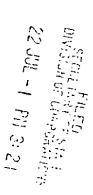


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S. CHATHAM

SEP 3 0 2022



COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	LEY GROUP, LLC	•	•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Connie Harriet Beasley			
		Name of Person		
	THE BEASLEY GROUP,	LLC		
		Firm/Company		_
	2786 Carol Ave.			
		Address		
	Mims, FL 32754			
		City/State and Zip Code		
	Name of Person THE BEASLEY GROUP, LLC Firm/Company 2786 Carol Ave. Address Mims, FL 32754 City/State and Zip Code harriet_beasley@hotmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: nie "Harriet" Beasley Name of Person Area Code Daytime Telephone Number as 25.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy			
	E-mail address: (to be used for future annual rep	ort notification)	
For further information co	ncerning this matter, please ca	all:		
Connie "Harriet" Beasley			25	
Name of	Person		Daytime Telephone	Number
Enclosed is a check for the	e following amount:			
☐ \$25.00 Filing Fee	-	Certified Copy	d) (Certificate of Status &
Mailing Address Registration S		<u>Street Addr</u> Registratio		
Division of Co			f Corporation	S

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 07/31/2008 Florida document number L08000073762	
	and assigned
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the later new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) atter new mailing address, if applicable:	
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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2 0
(Principal office address MUST BE A STREET ADDRESS)	2 78
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	$\omega_{\kappa_{1}}$
	

New Registered Agent's Signature, if changing Registered Agent:

THE BEASLEY GROUP, LLC

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.

Conver Haviet Beal
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>	Type of Action
AMBR	Arthur Bruce Beasley	2786 Carol Ave	□Add
		Mims, FL 32754	= Remove
			□Change
AMBR	Wyatt Ralph Hope	2786 Carol Ave.	■Add
		Mims, FL 32754	□ Remove
			□Change □Change □Click □Click □Add
			Property of the Change
			, □Add
			□Remove
			Change
			🗆 Add
			Remove
			□Add
			□Remove
			□ Change

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receive date is tistes, the date most of specific and entired of	print to date	o	than 90 days af		
If the date inserted in this block does not meet the apment's effective date on the Department of State's recommend.		atutory filing i	equirements, t	his date will no	t be listed
ord specifies a delayed effective date, but not an effecti	ive time, at	12:01 a.m. on	the earlier of:	(b) The 90th (lay after t
filed.					
d June 28 2022					
,	·	-			
2					
Connie Harriet Beasley 2022 Signature of a member or	5/		, ,		

Filing Fee: \$25.00