(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Cor	porations				
C115.15.CT	BECKHAM'S ON THE TE	RAIL LLC			
(additional copy is enclosed) Certified Copy					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		GEORGE BECKHAM			
		Name of Person			
	BECKHAM'S ON THE TRAIL LLC				
Firm/Company					
6992 PROSPERITY CIR					
		Address			
	SARASOTA FL 34238				
	_ 				
For further information c	oncerning this matter, please co	all:			
George Beckham					
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee		Certified Copy	Certificate of Status &		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BECKHAN	M'S ON THE TRAIL LLO			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	mpany were filed on	08/01/2011	and assigned	
lorida document number L11000088027	- ·			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limite	ed liability company ho	ere:		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."	
nter new principal offices address, if applicable:		<u>.</u> .		
Principal office address MUST BE A STREET ADDRE	<u></u>		_	
			SE (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	
			P 2:	
inter new mailing address, if applicable:			∞	
Mailing address MAY BE A POST OFFICE BOX)				
			0 :3 1 1 1 1 1 1 1 1 1 1	
			- -	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>ente</u>	r the name of the	
Name Demistrated Office Address.				
New Registered Office Address:	Enter Florida street address			
		, Florida		
	Ciţy		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>	Address	Type of Action
MGRM	ANN I. MALLON		
		1700 Redwood St. SARASOTA, FL 34231	■ Remove
			Change
MGR	ANDREA LESLIE BECKHAM	6992 Prosperity Cir. SARASOTA, FL 34238	_ ■ Add
			☐ Remove
			□ Change
			Add
			□ Remove
		 	Change
			
			□ Remove
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fective date, if other than the da	ite of filing:	(opt	ional)	05.05(1)
n effective date is listed, the date must bote: If the date inserted in this block	s specific and cannot be prior to dat c does not meet the applicable s	e of filing or more than 90 days and statutory filing requirements, th	r illing.) Pursuant to 6 is date will not be li	sted as
cument's effective date on the Depa	irtment of State's records.			
record specifies a delayed e		effective time, at 12:01	a.m. on the ear	lier o
The 90th day after the recor	is filed.			
, SEPTEMBER 24	2018			
ted				
	2001.			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00