# L14000104552

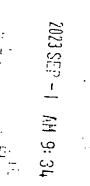
(Requestor's Name)
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J 9/17/2023

## COVER LETTER .

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
elibirett.	Ah-Beetz, I	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	endence concerning this matter	to the following:	
		Nick Laudano		•
		<del></del>	Name of Person	
		Ah-Beetz		
Firm/Company				
		638 Shore Drive		
Address Boynton Beach, FL 33435				
		Boynton Beach, FL 33435		
		njl@ah-beetz.com	City/State and Zip Code	
			to be used for future annual report no	etification)
For further in	nformation c	oncerning this matter, please ca	all:	
Nick Laudano		561 528-0835 at ()		
	Name o	f Person		me Telephone Number
Enclosed is a	ı check for th	ne following amount:		
□ \$25.00 !	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.09 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	action
	gistration S vision of C	Section Corporations	Registration S Division of Co	
	D. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 AH 9: 34

Ah-Beetz LLC		<b>-</b> .	,-
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	TAS STE
		06/30/2014	
The Articles of Organization for this Limited I	Liability Company were filed	on Ostober 20, 2022	_ and assigned
Florida document number L14000104552	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	iny here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company,	" the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	**************************************		<del></del>
	<del></del>		<del> </del>
B. If amending the registered agent and/or r	egistered office address on o	our records, enter the name of	the new registered
agent and/or the new registered office addres	<u>is here</u> :	···	
Name of New Registered Agent:	Daniel Hershman		
New Registered Office Address:	2240 Palm Beach Lakes Blue	d Suite 101	
-	Florida street address		
	West Palm Beach	, Florida <sup>33409</sup>	
	City		ip 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
	Jimmy Yakimoff	638 SHORE DR BOYNTON BEACH, FL 33435	□ Add
			<b>=</b> Remove
			□Change
MGR	Nick Laudano	638 SHORE DR BOYNTON BEACH, FL 33435	<b>=</b> Add
			□Remove
		·	□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			☐Change☐Add☐Remove☐
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effective o <u>te:</u> If the	te, if other than the date of filing:	)5.0207 sted as
cord spec s filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
08/25/ ed	2023	
_	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	· JAMES LAKINGS	

Filing Fee: \$25.00