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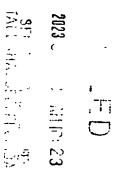
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor		_	
SUBJECT: 19 E	YOND IN	IFINITY, LE	1. C.
	? Name of Lim	nited 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:	
	RASHA	Name of Person	SAMANTHA MOSCATO
	BEVO	NU THAIN /7	14, LLC.
	9211	NW 5 4 51.	PEMBOOKE BINES,
		Address	1 33024
	TWF/W/	City/State and Zip Code  The Extending House  The Code of the Use	L. COM
For further information c	oncerning this matter, please c	all;	
	AD JENNY Person	at (17) S1 S1	7-0553 te Telephone Number
Enclosed is a check for the	he following amount:		
S≥5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
) <b>*</b>			2023 C
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations =
		Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)								
The Articles of Organization for this Limited Liability Company were filed on									
This amendment is submitted to amend the following:									
A. If amending name, enter the new name of the limited liabi	it to amend the following:  In the new name of the limited liability company here:  In the new name of the abbreviation "L.C."  In the new name of the abbreviation "L.C."  In the new name of the limited liability company here:  In the new name of the limited liability company here:  In the new name of the new								
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."							
Enter new principal offices address, if applicable:	SAMANTHA	MOSCATO							
(Principal office address MUST BE A STREET ADDRESS)		202 SF							
Enter new mailing address, if applicable:	N/A								
(Mailing address MAY BE A POST OFFICE BOX)	÷,-								
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered							
Name of New Registered Agent:	M/A								
New Registered Office Address:	Enter Florida street address								
	, Florida _	Zip Code							
	City	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

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name MGR Edwin Reyes 9211 NW 5HSF Pines R. DANG MGR SAMANTHA MOSCATO 2305 SO CYPRESS WAD □Remove \_\_\_\_\_ □Change  $\square$ Add □Remove □Remove : ല □Change \_ □Add \_\_ □Remove □ Change □Add Remove

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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cord specifies a dela s filed.	ayed effective date, but	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th day a	fter th
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			- /2			
	Signature	of a member or auth	orized representative	of a member		í
/						

Filing Fee: \$25.00