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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Bo	th A. Baile	nited Elability Company	
30b3EC.1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Beth	A. Bailey Name of Person	
	Cleative Three	En BroiDery + So	neen PRINTING
	419 BA	y WINDS DR Address	
	Dest	in FL 335 City/State and Zip Code	41
	beth Ecrem:	vethreads em Bro per to be used for future annual report notifica	ny, COM
For further information	concerning this matter, please o		
Beth F	1. BAILCY	at (850) 499 - 6	255 à
		•	,
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROLL A GEORGE & Commission

	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15600113359</u>	y were filed on 01 07 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Beth A. Bailey, LLC The new name must be distinguishable and contain the words "Limited Liab	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Beth A. Baiky
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	419 Baywinas Dr. Pestin, Fl 32541
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Baywinas Dr
New Registered Office Address:	Pay Winas Dr. Enter Florida street address
Desti	Circ. Florida 32541
New Pagistared Agent's Signature if shanging Degistered Agent	жер жо не

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

<u>or removed</u>	Hom our records.		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00

This is a request for a manu charge since I have gotten a devoice

Beth A. Bailey 850-499-2552

Beth A. Bailey 419 Baywinds Dr. Destin, FL 32541