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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: BOLLON LANG	of Limited Liability Company	
Name o	of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Talloer	Name of Person	
	Firm/Company	
2710 NW	Address	
Ft. lour	Address City/State and Zip Code	
E-mail add	ress: (to be used for future annual report notif	ication)
For further information concerning this matter, ple	ase call:	
	at () Area Code Daytime	
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Stat	SS5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	<u>Street Address:</u> Registration Sec	tion
Division of Companions	Division of Com	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION
OF
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/13/2016 and assigned
(A Florida Elimited Elatolity Company)
÷ ,
Florida document number LIGOXXX76007
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Beyond the tropics cash money home buyets LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
agent and/or the new registered office address nere:
Name of New Registered Agent:
Maile of New Registered Agent.
New Registered Office Address: Enter Florida street address
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>	Name	Address	Type of Action
			□ Remove
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an effective date is listed, the lote: If the date inserted	than the date of filing: the date must be specific and can in this block does not meet on the Department of State	the applicable statu	filing or more than 90 da	(optional) ys after filing.) Pursuant to tts, this date will not be	605.020 listed (
record specifies a delaye	d effective date, but not an e	ffective time, at 12	01 a.m. on the earlier	of: (b) The 90th day a	after th
	_				
	<u> 2023 </u>	·			
Dated 11/5/		g on	Ladon escritative of a member		_

Filing Fee: \$25.00