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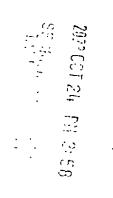
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration Sec Division of Corp			•	
SUBJECT: Fac	gle Beam LLC	ì		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Justin	strade/		
		Name of Person		
		Firm/Company		
	1/206 Wind	sor Place Cir	t <i>i</i>	? 9
		Address		3
		a, FL 33626)900 CCT 24
		City/State and Zip Code	<u> </u>	
				<u> </u>
	E-mail address: (t	to be used for future annual report noti	fication)	<u>()</u>
For further information co	oncerning this matter, please ca	all:		Φ
Justin	Strade/	at (770) 617 · Area Code Daytim	- 7874	
Name of	ř Person	Area Code Daytim	e Telephone Number	-
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres	¢•	Street Address:		
Registration S		Registration Se		
Division of C	•	Division of Cor The Centre of T	-	
P.O. Box 632 Tallahassee, F			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it r (A Florida Limited Liability)	now appears on our records.)	
(A Florida Limited Liability (Company)	
he Articles of Organization for this Limited Liability Company were fi	led on and	assigned
lorida document number (1600103 984).		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability co</u>	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	3 20	
Principal office address MUST BE A STREET ADDRESS)		
 -	-	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	s on our records, enter the name of the	new regis
Name of New Registered Agent:		
Mary Deviatored Office Addresses		
New Registered Office Address:	Enter Florida street address	
	, Florida	
Cit	ty Zip Ce	ode

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
AMBR	Franklin Kyle Lord	11706 Windsor Place Cir.	
		11706 Windsor Place Cir. Tampa, FL 33626	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		.,î ;	Change
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		<u> </u>			_	
Tective date, if other than effective date is listed, the date: If the date inserted in cument's effective date on	ate must be specific an this block does not	d cannot be prior t meet the applica	o date of filing or i	opnore than 90 days at ng requirements, t	fter filing.) Pur	suant to 605,0, not be listed
ecord specifies a delayed e is filed.	ffective date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90	th day after t
ted /0 -11 - 2	3	+ //		7 _		
	Signature of a	member or author	rized representativ	e of a member		