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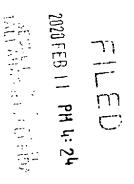
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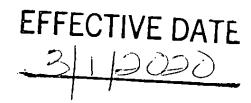
Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Denise V	Vallin, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		Denise Wallin	
		Name of Person	
		Denise Wallin, LLC	
		Firm/Company	
	1;	328 Lake Victoria Drive Address	
		Lake Worth, Fl 33461	
		City/State and Zip Code	
		maric2910@gmail.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Denise Wallin		at (<u>561</u>) <u>706-0216</u>	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Denise Wallin, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on1-20	6-2018 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Denise Beasley, LLC		
The new name must be distinguishable and contain the words "Limited I	.iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		1020 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 : [1]
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	——————————————————————————————————————
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida s	to the state of th
	t.mer r ioriaa s	ireet auuress
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	•	гар Сойс
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
ĪĪ-	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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			\ _Add
	•		□ Remove
			□Change

Effective date, if other than the date of filing: 3-1-2020 [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be histed as: document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated February 7th		· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00