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10/02/23--01026--019 **25.00

COVER LETTER

TO:

Registration Section:

Division of Co	rporations		•			
	asley LLC	•				
SUBJECT:	Name of Lin	aited Liability Company				
·						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Denise Beasley					
		Name of Person				
	Denise Beasley LLC					
		Firm/Company		_		
	6 Winchmore Lane					
		Address			~	
	Boymon Beach, FL 33426			ECRI TAT	0230	199-
	denisebeasteylle@gmail.co	City/State and Zip Code		TAT.	2023 OCT -2	1 g-m-
	E-mail address: (to be used for future annual report not	ification)	22.7	⊒:>>	
For further information	concerning this matter, please c	all:		54.7 755	AH II: 03	, (, _{2, 3}
Denise Beasley		561 706-0216 at ()		in	63	
Name	of Person	Area Code Daytin	ne Telephone Numbo	er	-	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection			
Division of C	Corporations	Division of Co.	rporations			
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denise Beasley LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on our record Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited L	iability Company	were filed on <u>01/26/2018</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		6 Winchmore Lane	
Principal office address MUST BE A STREE	ET ADDRESS)	Boynton Beach, FL 33426	
Enter new mailing address, if applicable:		6 Winchmore Lane	\$023 00 SECRI
(Mailing address MAY BE A POST OFFICE BOX)		Boynton Beach, FL 33426	25 7
B. If amending the registered agent and/or agent and/or		address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	6 Winchmore I		
		Enter Florida street addres	יי
	Boynton Beach	1, FJo	orida <u>33426</u>
		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

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
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			SEC RETAIL Change TALLATING CARE Add Remove
			S C C C C C C C C C C C C C C C C C C C
			P: ω Remove
			□Change
			□Add
			□Remove
			⊒Change
			□Add
			Remove
			GCI

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	OCRETA ALLAN
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applicate cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ted (1119 4 . 2.023 Signature of a member or author)	ley
aignature of a member of authori	zea representative of a member