## 218000049709

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
C Con and I CAME
Dewey Pearson J. GAVE AUTHORIZATION BY PHONE TO
CORRECT SULFTIX  DATE 5130 18
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J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor			
~		Beau	tiful Acres LLC	
SUBJE	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
r rease r	ctum un correspo	nacioe concenting this matter		
			Dewey Pearson Jr	
			Name of Person	
			Beautiful Acres LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
			1948 Lullaby Dr	
			Address	
			Holiday, FL 34691	
			City/State and Zip Code	
			weypearsonjr@gmail.com	
		E-mail address: (	to be used for future annual repo	ort notification)
For furt	her information co	oncerning this matter, please ca	all:	
	Dewey Po	earson Jr	727 at ( )	644-0134
	Name of	Person		Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beauti	ful Acres LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Comp	any were filed on	02/23/2018	and	d assig	ned
lorida document numberL18000049709					
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited	liability company her	<u>e</u> :			
Wewanta	adeal.com [[C				
he new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the	abbreviatio	n "L.L.	C."
Inter new principal offices address, if applicable:		<u></u>			
Principal office address MUST BE A STREET ADDRESS	0			<del></del>	
			<u> </u>	25.	
			24 gr	5	1
nter new mailing address, if applicable:				f =>.	Parent.
Mailing address MAY BE A POST OFFICE BOX)				27	### ### ### ##########################
			$\frac{\pi}{H}$	ۇن ت.	•••
	,		::. (···	~	
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		our records, <u>ente</u>	r the na	me of	f the
Name of New Registered Agent:			· ·· · · · · · · · · · · · · · · · · ·		
New Registered Office Address:					
	Enter Florid	la street address			
		, Florida			
<del></del>	City		Zip C	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>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
		<del></del>	Add
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			Adij
			Remove Change
			Change
	<u></u>		6: *
			□ Remove
			☐ Change

If antending	any other informatio	on, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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-	<del>, </del>		<del></del>
If an effective d Note: If the document's e	ate is listed, the date must be date inserted in this block frective date on the Department.	ce specific and cannot be prior to date of filing or more than 90 days after for does not meet the applicable statutory filing requirements, this cartment of State's records.	iling.) Pursuant to 605.0207 ( date will not be listed as t
	pecifies a delayed e day after the recor	ffective date, but not an effective time, at 12:01 a. d is filed.	m. on the earlier of:
Dated	May 24	2018	7 29 29 E
		Dell posident	
	Sí	gnature of a member or authorized representative of a member	SS 100 F
		Dewey Pearson Jr	
		Typed or printed name of signee	္≝ို့ တ္ ∷

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Filing Fee: \$25.00