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COVER LETTER

Law Offi SUBJECT:	ce of Brandon D. Beardsley, P.	IL.C.				
Name of Limited Liability Company						
The enclosed Articles j	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	er to the following:				
	Brandon D Beardsley					
		Name of Person				
	Law Office of Brandon D	D. Beardsley, P.L.L.C.				
		Firm/Company				
	254 Paseo Reyes Drive					
		Address				
	St. Augustine, Florida 320	095				
	bbeardsley@brandonbeard	City/State and Zip Code sleylaw.com	·			
	E-mail address:	(to be used for future annual report noti-	fication)			
or further information	concerning this matter, please c	call:				
Brandon D Beardsley		904 877-3663				
Name	of Person	Area Code Daytime	e Telephone Number			
nclosed is a check for t	he 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 ADDRESS:

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

Law Office of Brandon D. Beards	•		
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.) 1y)	
The Articles of Organization for this Limited I Florida document number L19000116158	iability Company were filed on	04/29/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the Enter new principal offices address, if appli	, , ,	he designation "LLC" or the a	hbreviation "L.L.C,"
Principal office address MUST BE A STRE	-		
Trineipal Office university 2001 22271 Graze			
Enter new mailing address, if applicable:		= :	100000000000000000000000000000000000000
Mailing address MAY BE A POST OFFICE	<u></u>		題が加
B. If amending the registered agent and registered agent and/or the new registered of	***	on our records. enter	the name of the n
Name of New Registered Agent:	Brandon D Beardsley		
New Registered Office Address:	254 Paseo Reyes Drive		
	Enter	Florida street address	
	St. Augustine	, Florida <u>3</u>	2095
	Cuy		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
AMBR	Lauren A. Beardsley	2425 E Caparina Drive	
		St. Augustine, FL 32092	= Add
			□ Remove
			Change
			□ Remove
			□ Change
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(If an ef Note:	tive date, if other than the fective date is listed, the date mus. If the date inserted in this blonent's effective date on the Do	t be specific and cannot be pricock does not meet the appli	or to date of filing or more the cable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605 tirements, this date will not be liste	.0207 (. ed as ti
	cord specifies a delayedee 90th day after the rec		ot an effective time,	at 12:01 a.m. on the earlie	er of:
Datad	October 15	2019			
ויאונינו					
		Signature of a member or aut	horized representative of a n	iember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00