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## **COVER LETTER**

	egistration Sect livision of Corpo		•	
SUBJECT	ERIC:	AND STACE y	BEARDSLEY R	EALTY, LLC
The enclos	sed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please retu	ırn all correspond	lence concerning this matter	r to the following:	
		ERIC BE	SARDSLEY Name of Person	<del></del>
			Firm/Company	
		2429 E.	CAPARINA I	DRIVE
		ST AUG	USTINE, FL City/State and Zip Code	32092 y@gmail.com
		Stacey be E-mail address:	eardsleyrealt (to be used for future annual report notif	-y@gmall.com
For further	information con	cerning this matter, please of	eall:	
STA	Kame of F	EARDSLEY Person	at (90H) le 00 - Area Code Daytime	-7659 e Telephone Number
Enclosed i	s 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)	☐ \$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**

# (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 Company were filed on May 7, 2019 and assigned

		ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	19
		SSE P
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		Dri 💆
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the name of the ne
		records, enter the name of the new
registered agent and/or the new registered office addre	illing address, if applicable:  Exist MAY BE A POST OFFICE BOX)  ing the registered agent and/or registered office address on our records, enter the name of the nt and/or the new registered office address here:  Exist Copy	
registered agent and/or the new registered office address  Name of New Registered Agent:	s <u>s here</u> :	
registered agent and/or the new registered office address  Name of New Registered Agent:	ss here: Enter Florida st	reet address
Name of New Registered Agent:  New Registered Office Address:	ss here:  Enter Florida st  City	reet address
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	Enter Florida st  City  Agent:	rvei address , Florida Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title /	<u>Name</u>	Address	Type of Action
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			Add
			☐ Remove
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Filing Fee: \$25.00