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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEAMING LIGHT TRANSPORT LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DWAWTAVIA J DANZY SR. Name of Person
Firm/Company
6608 CANTERLEA DR
ORLANDO FL 32818 City/State and Zip Code Beaming light transport @ gmail.com E-mail address to be used for future annual report dotification)
For further information concerning this matter, please call:
Divantagia J Davy SR. at (407) 718 2502 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filin
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Beaming light transport

(Name of the Limite)	d Liability Company : A Florida Limited Liab	<u>is it now appears on ou</u> ility Company)	ir records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 19000 f</u>	ability Company we	re filed on <u>6</u> 12	8/2019	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	v company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company." the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble: _		i	2021
(Principal office address MUST BE A STREET	<u> "ADDRESS"</u> _		A	SEP SEP
	-	•		2
Enter new mailing address, if applicable:	_		ر ز ر	
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u> _		 	FATE 6
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	-		ne of the new registered
Name of New Registered Agent:		IC CAIVI	ANCY 5	<u>k</u>
New Registered Office Address:	6608 C	anterleci Enter Florida stre	DR vet address	
	ORland	City	, Florida	3 2818 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.

City

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 Title Address Type of Action Name __ DANZY 1070 muntgumery Rd #2340_Add

Altomuste Springs FL 32714 ABREMOVE MGR DWANTAVIAJ DANRYSK LOLOS CANTERLEADRIAGO (2LANDU FL 32818 | Remove ____ □Change _____ □Change _____ □ Remove □Add □Remove _____ □Change Remove

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f an effect Note: If	date, if other than the ive date is listed, the date in the date inserted in this but on the I	ist be specific and flock does not m	cannot be prior to deet the applicable	kite of filing or more that e statutory filing requ	(optional) n 90 days after filing.) irements, this date v	Pursuant to 605.0207 (. vill not be listed as tl
e record s d is filed	pecifies a delayed effecti	ve date, but not	an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
)ated <u></u>	eplember d)7	2021			
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