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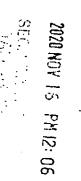
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Office Use Only



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COVER LETTER

TO:

| | egistration Se- vision of Cor | | | |
|-----------------------------------------------|----------------------------------|----------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CHD IEZT | | hell Enterprises, LLC | | |
| SUBJECT | · | Name of Limi | ited Liability Company | |
| The enclose | ed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | |
| | | Derek Larsen-Chaney, Esq | | |
| | | | Name of Person | · |
| | | Phelps Dunbar LLP | | |
| | | | Firm/Company | |
| | | 100 South Ashley Drive, S | uite 2000 | |
| | | | Address | |
| | | Tampa, Florida 33602 | | |
| | | | City/State and Zip Code | |
| | | chancyd@phelps.com | | |
| | | E-mail address: (| to be used for future annual report no | stification) |
| For further | information c | oncerning this matter, please ca | all: | |
| Derek Lars | sen-Chancy | | 813 222-7677 | |
| | Name o | Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is | s a check for th | ne following amount: | | |
| \$25.00 |) Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | lailing Addres | | Street Address: Registration S | ection |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | |
| P | .O. Box 632 | 7 | The Centre of | Tallahassee |
| T | allahassee, l | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Beane-Mitchell Enterprises, LLC | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|
| (<u>Name of the Limited Liability Company</u>) (A Florida Limited Liab | as it now appears on our records.) ility Company) | |
| The Articles of Organization for this Limited Liability Company we lorida document number $\frac{L20000010188}{L20000010188}$. | ere filed on January 3, 2020 | and assigned |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liability | y company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | 020 NO |
| | · | 5.4 9 Ti |
| _ | | <u></u> |
| Inter new mailing address, if applicable: | | |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Mailing address MAY BE A POST OFFICE BOX) | | . 06 |
| - | | |
| If amending the registered agent and/or registered office aderent and/or the new registered office address here: | dress on our records, <u>enter the</u> | name of the new registr |
| gent and/or the new registered office undo ed. av-s. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | , , |
| | , Floric | da |
| | 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 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 |
|--------------|--------------------|-----------------------------|----------------|
| AR | Vickie B. Mitchell | 5236 Adams Road | |
| | | Delray Beach, Florida 33484 | ■Remove |
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| Note: | ve date, if other than the date of filing: |
| ne recor ord is fi | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | 12 NOVEMBER 2020. Signature of a member or authorized representative of a member. |
| | In W Searce |
| | esignature of a member of authorized representative of a member |
| | |

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Filing Fee: \$25.00