L20000100179

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COVER LETTER

Registration Section

Division of Corporations

TO:

BECKUN	M ELC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PATRICIA A BECKUM		
		Name of Person	
	BECKUM LLC		
	1,	Firm/Company	
	1405 TOPSAIL PL		
		Address	
	VALRICO FL 33594		
		City/State and Zip Code	
	pbeckum@verizon.nct		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
PATRICIA A BECKU	ј М	813 928-4804 at ()	
Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration		Street Address: Registration Sec	ction
	Corporations	Division of Cor	
P.O. Box 6.	327 c, FL 32314	The Centre of T	allahassee e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BECKUM LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on crida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
lorida document number L20000100179	·	
his amendment is submitted to amend the following	¢	
a. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
 If amending the registered agent and/or registe gent and/or the new registered office address her 		ds, enter the name of the new registe
<u></u>	- '	
Name of New Registered Agent:		5
		T. C.
New Registered Office Address:	Enter Florida st	reet address
		. Florida
	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 Purson(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
MGR	PATRICIA A BECKUM	1405 TOPSAIL PL	= Add
		VALRICO FL 33594	□ Remove
MGR	AGR KAMERYN M BECKUM	405 TOPSAIL PL	□Add
		VALRICO FL 33594	□ Remove
			☐ Change
			□ Add
			□ Remove
			□Add
			□Remove
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change

ADD P	ATRICIA A BEKUM AS OWNER OF BUSINESS
-	
	
<u> </u>	
المستشورين	te, if other than the date of filing: (optional)
reffective o te: If the	te, if other than the date of filing:
ecord spec is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	Q8SEPTEMBER 2021
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00