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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF SIME

12/11/20

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Beth Laggar	Read EState mited Liability Company	UČ_
The enclosed Ai	rticles of Amendment and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matte	r to the following:	
	Beth 1	Laggar	
		Alame of Person	
		Firm/Company	
	6351 NW	1201 Dr.	
	Coral Spri	mp , It 330	74
	Beth @ E-mail address:	Dry/State and Zip Code On Section 1 Code (to be used for future spinual report noti	estate. Lou
For further infor	rmation concerning this matter, please	call:	
Beth	Laggan	ar (954), 494	<u> 5143</u>
	Name of terson	Area Code Daytim	e Telephone Number
Enclosed is a ch	neck for the following amount:		
73 \$25.00 Filir	ng Fee	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Beth ag gar Per Name of the 1 miled Liability Compa	al 2 474 70 my as it now appears on Liability Company)	our recordSCRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20006 275949</u> .		9 3 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recoi	rds, enter the name of the new registered
Name of New Registered Agent:	same	
New Registered Office Address:	Enter Florida s	street address
	City	, Florida 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
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n effective date is listed, <u>ste:</u> If the date inserte	r than the date of filin the date must be specific an ed in this block does not to te on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90	(optional) days after filing.) Pursuant to ents, this date will not be	605,020' listed as
ecord specifies a delay is filed.	yed effective date, but no	t an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th day	after the
acd October	n 27th	2010			
	(3). 4				
	Signature of a	member of authorized r	epresentative of a member	;r	-

Filing Fee: \$25.00