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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Filin	ng Officer:	
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Office Use Only



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T. MATTHEWS JAN 19 2022

## **COVER LETTER**

Registration Section

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

TO:

Division of Cor	porations		
SUBJECT: Bean	Marketing Gr	oup LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cyndi C	Name of Person	
	bean Me	arketing Group LL	<u>_</u> C
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5706 Seagr	ape Dr. Address	
	Fort Pierce	City/State and Zip Code	
	hann mark ati	City/State and Zip Code	(000
	E-mail address: (	nggroup @ gmail. to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Cyndi Be	an	at ( <u>386</u> ) <u>562</u> Area Code Daytim	-0777
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ S25.00 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)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bean Marketing Group  (Name of the Limited Liability Con (A Florida Limite)	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on Seft . 9th 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	•
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5706 Seagrape Or Fort Pierce FL 34982
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the ne
Name of New Registered Agent:	La SagaraDe Dr
New Registered Office Address: 5 10	6 Slagrape Dr.  Enter Florida street address Pierce Florida 34982

## 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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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			☐ Change

Effective date, if other than the date of filing:  Jam effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a focument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated  Tan. 1st JORD.  Signature of a member of authorized representative of a member					. <u>.</u>	<u> </u>		<del></del>
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Filing Fee: \$25.00