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08/05/21-

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	AUDRIANN	NA BEVIS, LLC			
OODULC		Name of Lin	mited Liability Company		
The enclo	osed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
		idence concerning this matte			
		AUDRIANNA PATTERS	SON		
			Name of Person		<u> </u>
		AUDRIANNA PATTERS	SON, LLC		
			Firm/Company	<u>-</u>	
		1933 PEREGRINE PL			2021 SEC
			Address		
		MIDDLEBURG, FL 3206	68		最 5 m
		FEBUSFARMS@GMAIL.	City/State and Zip Code		SECTETATION OF STA
			(to be used for future annual	report notification)	TE 12
For furthe	r information cor	ncerning this matter, please e	all:		
AUDRIA	NNA PATTERS	ON		7-6925	
	Name of F	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed i	s a check for the	following amount:			
■ \$23.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	<u>failing Address:</u> egistration Security of Cor ivision of Cor O. Box 6327 allahassee, FL	porations	Division The Cen	tion Section of Corporation tre of Tallahass	see
1	arianassee, I'L	J2J1 4	2415 N.	Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUDRIANNA BEVIS, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/15/2020	and assigned
Florida document number L20000289027		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AUDRIANNA PATTERSON, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	. 23
		TE 22
		FA 5
Enter new mailing address, if applicable:		A 5
Mailing address MAY BE A POST OFFICE BOX)		SSS PH D
-		E 2:
		77 2
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	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
			□Add
			□Remove
			□Remove
			□Change
 -			2021 AUG - D Remove
			Remove
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fective date, if other than the date	e of filing:			(optional)		
n effective date is listed, the date must be so	ioes not meet the ap	phicable statutory	or more than 90 day filing requirement	s after filing s. this date	.) Pursua will no	int to 605.02 it be listed
cument's effective date on the Depart	ment of State's reco	ords.				
ecord enecifies a delayad affective des	- h					
ecord specifies a delayed effective date is filed.	e, out not an effectiv	ve time, at 12:01 a	i.m. on the earlier	of: (b) Th	ie 90th (day after th
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