120000358893

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Dusiness Littly Walle)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer;
	•
<u>.</u>	

Office Use Only



800355972878

12/03/20--01016--006 **25.00



F. J. K.D.
2020 DEC -3 AH 8: 57

CES 0 : 3020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<u> </u>		_
BEACON REAL E	STATE & ASSOCIATES,	
_LC		
		_
		_
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		<u></u> ✓ Рhою Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Ficutious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: BA	12/02/20	UCC 1 or 3 File
	12/03/20 Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	Registration : Division of C			
	Beacon R	teal Estate & Associates, LLC		
SUBJECT	Γ:			
		Name of Li	mited Liability Company	
The enclos	sed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please retu	rn all corresp	oondence concerning this matte	r to the following:	
		Allen J. Spry		
			Name of Person	
		Beacon Real Estate & Ass	sociates, LLC	
			Firm/Company	
		301 N Hawthorne Ave		
			Address	**************************************
		Apopka, FL 32703		
		alspry@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual	1 report notification)
For further	information o	concerning this matter, please c	all:	
Allen J. Spi	ry		407 31	10-3064
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for th	he following amount:		
≡ \$25.00)	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
	iling Addres		Street Ac	
	gistration S			ation Section n of Corporations
	Vision of C Box 632	orporations		n or Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beacon Real Estate & Associates, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 and assigned 1.20000358893 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 301 N Hawthorne Ave Enter new principal offices address, if applicable: Apopka, FL 32703 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Name	Address	Type of Action
MGR	Allen J. Spry	301 N Hawthorne Ave, Apopka, FL 32703	≅ Add
			□ Remove
			□ Add
			Remove
			Add
			Add Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
<u>. </u>			□Add
			□Remove
			□ Change

		2020 DEC	. L
) <u>FC</u>	_ ;
		ω	
			•
-		ည် ထိ	٠.
		<u> </u>	
 			
	be specific and cannot be prior to date of filir ock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed	
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t	the
December 3	2020		
	·		
		•	

Filing Fee: \$25.00