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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

BeckOn Ca SUBJECT:	all LLC		
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael J Beck		
		Name of Person	<del></del>
	BeckOn Call LLC		
	<del></del> -	Firm/Company	
	1052 Long Branch Ln		
		Address	
	Oviedo/F1, 32765		
		City/State and Zip Code	
	becknealIlle@gmail.com		
	E-mail address: (	to be used for future annual report not	fication)
for further information c	oncerning this matter, please c	all:	
Michael Beck		407 716-3148	
Name of Person		at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BeckOn Call LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	· · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000103287}{1.21000103287}$ .	were filed on <u>03/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		APR II
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		1 HA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I	am familiar with and

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 Changing Registered Agent. Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Michael J Beck	1052 Long Branch Ln, Oviedo, FL 32765	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			DAdd 2021 ABRemove  Change I  Con Change I
			Change I
			□Remove
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		<del>.</del>		
Effective date, if other than the	e date of filing:		(optional)	
Effective date, if other than the (If an effective date is listed, the date into Mote: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior lock does not meet the applic	able statutory filing requi	190 days after filing.) I	ursuant to 605,0207 (. ill not be listed as th
ne record specifies a delayed effecti ord is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The (	90th day after the
Dated April 13th	2021			

Typed or printed name of signee