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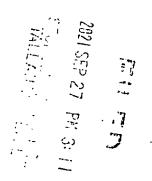
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	BEAL Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	Pie	ERRE M DU JOUR Name of Person
	BER	AUTY DUJOUR LLC /Firm/Company
		NW 11th STREET
	PEMBroKÉ	FINES FL 33026 City/State and Zip Code
	m-du	to be used for future annual report notification)
For further information of	e-mail address to	- S
		at (5/6) 655-47/7 Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
ጃ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	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

BEAU	MY DUJOUR	LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		-	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 210001379//</u>		03/24/5	<u>202/</u> and	assigno	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de-	signation "LLC" or the	e abbreviation	"L.L.C.	
Enter new principal offices address, if applicable:			·		
(Principal office address MUST BE A STREET ADDRI	ESS)				
			10 11 11	262	
				SEP	1,3
Enter new mailing address, if applicable:			<u>=:</u>	2	, F#
(Mailing address MAY BE A POST OFFICE BOX)			- 5×**. 	<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			<u> </u>	교 : <u>()</u>	2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	cords, <u>enter the n</u>	ame of the	new rej	gistere
Name of New Registered Agent:				<u></u> -	
New Registered Office Address:					
	Enter Florid	la street address			_
		, Florida			
	City:		Zip Cod	de	

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 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 **Title** Name **Address** Type of Action PAMBR RETTE M. DUJOUR 1947 NW1175 Treet Pembroke Pines MAdd Remove _____ □Change □Remove ____ □Change ______ Remove

_____ □Change

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f an effective date is liste Note: If the date inser	ter than the date of filed, the date must be specificated in this block does not late on the Department of	and cannot be prior to date of meet the applicable st	of filing or more than 90 atutory filing requires	(optional) days after filing.) ments, this date v	Pursuant to 605.0 will not be listed	0207 1 as (
		not an effective time, at	12:01 a.m. on the ear	tier of: (b) The	: 90th day after t	the
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rd is filed.			<i>f</i>			
rd is filed.	Sprember 23		togo e			

Eur E carao