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Registration Section .0:

Division of Corporations

COVER LETTER

SUBJECT: JOHN	VEIL L BECKFORE	ENTERPRISES LLC	, <u>, </u>
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	J	-	
	JOHNEIL	BECK-FORD Name of Person	12"
		L BECKFORD ENTER	RPRISES, LLC.
	4757 N.W.	24th COURT, AP	7 230_
	<u>LAUDERDALE</u>	LAKES, FL. 333. City/State and Zip Code	13
	E-mail address: ((to be used for future annual report noti	fication)
For further information o	oncerning this matter, please c	•	·
to further information c	oncerning this matter, prease c		
JOHNEIL Name o	BECKFORD	at (954) 709- 5 Area Code Daytim	620
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company were filed on APKIL 05, 2021 and assigned Florida document number <u>121000 155565</u>. 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." Enter new principal offices address, if applicable: (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

dending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JOHNEIL BECKFORD	4757 NW 24th Court APT 230,	Add
		LAUDERDALE LAKES, FL. 33313	□Remove
		4757 NW 24th (ourt, APT 230	□Change
MGR	JOHNEIL BECKFORD	LAURCRDALE LAKES, FL. 33313	
	JOHNEIL BECKFORD		□Remove
			□Change
			□ ∧dd
			□Remove
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ian effe <u>vote:</u>	ve date, if other than the date of filing: (optional) cetive 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 as
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.	ne
d is fil		
d is file	APRIL 29th 2001.	
d is file		