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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Beau	is Pevelopm	ent LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jennings	BriAN Wafferd Name of Person	P II
		Film/Company	
	2503 U	NA Dr. Address	
	Jacksonvi	City/State and Zip Code E edge vater U. (to be used for future annual report notifical	16
	Wmail address:	to be used for future annual report notifica	mby agnail. (0)
	oncerning this matter, please c		
Jenning 1 Name of	drian Wolfbril II Person	at (904) 903 O Area Code Daytime To	elephone Number
Enclosed is a check for th	e 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 Address Registration S Division of C	ection	Street Address: Registration Section Division of Corporation	
P.O. Box 632 Tallahassee, F	7	The Centre of Tall 2415 N. Monroe S	ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beauis Deu	elopment Li	3 on our records.)
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L2</u> \ 6 00227	Company were filed on	3/26/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company he	e <u>re</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
	City	, Florida 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 = Ma AMBR = Au	nnager ithorized Membe	r		The state of the state of	
<u>Title</u>	<u>Name</u>			Address 21 JUN PH : 41	Type of Action
AMBR	Jennings	Brian	Wofford	Address 21 JUNII PH 1:41 12So3 UNA, Dr. TAX FL 32216	🗹 Add
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	Section 19
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	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(meet the applicable statutory filing requirements, this date will not be listed as the
ord specifies a delayed effective date, but not filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d June 7th, 2021	
•	member or authorized representative of a member
Jenninas	Brian Wofford Typed or printed name of signee

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Filing Fee: \$25.00