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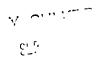
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
SUBJECT: BOAS	Jey Form and	Acres LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	John Beas	Name of Person		
		Name of Person		
	Beasley For	m and Acre W	<u>C</u>	
	500 NE	Buddy Are to	at	
		Address		
	Lak	e City F1 320	Acre LLC pany  Are tok  F1 32055	
	***	City/State and Zip Code		
	E-mail address: (1	e Jakoo. Com 90	vennodlee yahoo. com fication)	
For further information c	oncerning this matter, please ca	all:		
John R	Casley	at (366) 515	-5316	
Name o	f Person	Area Code Daytim	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 Address		Street Address:	arian.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L2 1600 255786. 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

## 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 = Manager

AMBR = Authorized Member Address Type of Action Title Name Domini Bearly 500 Ne Bureldy Are 32055 Add AMBE John Beasley \_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Add \_\_\_\_ □Remove \_\_\_\_\_ DChange □Add \_\_\_\_\_ Change

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Note: If the	te, if other than the late is listed, the date in date in this effective date on the	olock does not m	eet the applicat	date of filing or mobile statutory filing	(uption	onal) filing.) Pursuant to 605.02 date will not be listed i
rd is filed.						) The 90th day after th
Dated <u>9</u> -	10	1	2021	_ ·		
1	Jonnic Dominic	By				
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. . .

Filing Fee: \$25.00