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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	Beyond Fair Name of L	Escape LLC Limited Liability Company		
The enclosed Article	es of Amendment and fec(s) are s	submitted for filing.		
Please return all corr	respondence concerning this matt	ter to the following:		
	<u></u> Fric	Sentin O Name of Person		
	Beyond	Fair ESCAPOE 1	<u> </u>	<b>202</b> 4
	1909 W	Palmetto St Address		2024 HAR 28 PH 1:4 SECRETARY OF STA
	Tam	pa, F1. 33607 City/State and Zip Code		PH I
	E-mail address	Sentino 7 @ gamal s: (to be used for future annual report notifi	ication)	177
For further informat	ion concerning this matter, please	e call:		
<u> Eric</u>	Sentino ame of Person	at ( <u>613</u> ) <u>377-</u> Area Code Daytime	-6923 Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cor	of Status &
~	ion Section	Street Address: Registration Sec		
Division P.O. Box	of Corporations 6327	Division of Corp The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SCAPE LLC  Company as it now appears on our records.)  imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000263L92</u>	mpany were filed on <u>6/07</u> 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
ECO - Friendly Clean The new name must be distinguishable and contain the words "Limited	ning Services LL	<u>C</u>
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	····
		IDZ4 F
Enter new mailing address, if applicable:		FM B H
Mailing address MAY BE A POST OFFICE BOX)		录 28 1
		SSS P
		Mo _
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code

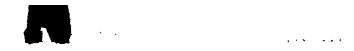
## New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than effective date is listed, the date	ite must be specific:	and cannot be pric		r more than 90 days			
ote: If the date inserted in cument's effective date on				ling requirements	, this date v	vill not	be listed
ecord specifies a delayed e is filed.	ffective date, but r	not an effective	time, at 12:01 a.i	n. on the earlier o	of: (b) The	: 90th d	ay after t
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	Signature of						
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