L21000269132

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	_	
,	J. HORNE	
١	10V 15 2021	
	•	10/15

Office Use Only



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2021 OCT 15 PM 1: 39



FLORIDA DEPARTMENT OF STATE Division of Communication of

September 29, 2021

HERMAN AMAYA 4511 FOUNTAINBLEAU RD TAMPA, FL 33634 US

SUBJECT: BEGIN ANYWHERE LLC

Ref. Number: L21000269132

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ACCORDING TO OUR RECORDS THE DOCUMENT NUMBER SHOULD BE L21000269132, PLEASE CORRECT THE DOCUMENT ACCORDINGLY.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 221A00023562

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 OCT 15 PH 1:39

Begin Anywhere LLC

SECRETARY OF 1 1414

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document numbe L2100021	Liability Company were filed on $\frac{00}{9132}$.	5/09/2021 and assigned
This amendment is submitted to amend the fol	Howing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	resignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
Enter new maning address, it applicance.		
	E BOX)	
	E BOX)	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our i	ecords, enter the name of the new regist
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our i	ecords, <u>enter the name of the new regist</u>
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our i ess here:	ecords, <u>enter the name of the new regist</u>
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ress here: herman amaya 4511 Fountainbleau Rd	rida street address
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address of New Registered Agent:	registered office address on our ress here: berman amaya 4511 Fountainbleau Rd Emer Flo	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	

. If amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) ctive 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the out's effective date on the Department of State's records.
ne record ord is tile	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 ed.
Dated _	10/11/21
	Signature of a member or authorized representative of a member
	Herman Amaya
	Typed or printed name of signee

Filing Fee: \$25.00