121000299943

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only order 2 printed by
PICK-UP WAIT MAIL
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2021 NOV 17 PM 8: 4.5

SECRETARY OF STAR.



2021 HOT 17 PH 1: 05

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2021

TYKIANNA PORTER 5602 SEDGEFIELD ST ORLANDO, FL 32808 US

SUBJECT: BEAUTIFUL OUTDOOR SERVICES LLC

Ref. Number: L21000299943

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):

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

YOU WILL NEED TO FILL OUT THE LLC NAME, THE DOCUMENT NUMBER, DATE AND WHEN THE ORGANIZATION WAS FILED, ON THE FIRST PAGE.

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: 921A00024728

COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT: <u>L'em</u>	Ferry Cetelory Son Name of Lind	100) 110	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	ykinana_	J. 18.46 Name of Person	
		Firm/Company	
	SWD Sociación	lel St. Orlando Fl = 3 Address	Saids & Oliver
	Delandi	F7 32808 City/State and Zip Code	
	Tylegara por E-mail address: 0	1 est d'yahoo. Com to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	all:	
- hijki ana 1 Name o	Corte/ CPerson	at (<u>i/O/</u>) <u>///</u> -O Area Code Daytime	S & Y : Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 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

FILED

2021 NOV 17 PM 8: 45

Same of the Limited Liability Compar	as as it now appears on our record	ECRETARY OF STATE
(A Florida Limited L	nahility Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L21600299943</u> .	were filed on $\frac{\sqrt{29/2}}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company." the designation "LLC	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		······································
	Enter Florida street addre.	SS
,		lorida
	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
MGR	Tytima J. Perter	5602 Sedgefeld St. Diland F1. 3	2 <u>508</u> ≡ Add
			□Remove
			□Change
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Effective date.	f other than the day s listed, the date must be	te of filing:			(optional)	
Note: If the date	s listed, the date must be inserted in this block tive date on the Depar	does not meet inc	: appricame statu	iling or more than 98 tory filing require) days after (ting.) Pur nents, this date will	not be listed
e record specifies (d is filed.	a delayed effective da	ate, but not an effe	retive time, at 12	D1 a.m. on the ca	rlier of: (b) The 90	th day after t
Dated	1/15/21		·			
	,	///	17/	_		
		mature of a member	or authorized repr	esentative of a men	bei	