

L21000322923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

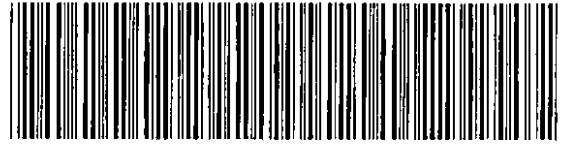
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL BE THERE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Altimond Shaw
Name of Person

AL BE THERE LLC
Firm/Company

821 SE CAVERN AVE
Address

Port St Lucie FL 34983
City/State and Zip Code

~~albethereha~~ albethereinfo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Altimond Shaw at (561) 574 7656
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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 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

AL BE THERE LLC

(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 Liability Company were filed on 7/15/2021 and assigned Florida document number L21000322923.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~AL BE THERE LLC~~

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)

821 SE CAVERN AVE
Port St Lucie FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Altmond Shaw

New Registered Office Address:

821 SE CAVERN AVE

Enter Florida street address

Port St Lucie, Florida 34983

City

Zip Code

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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.

Altmond Shaw

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:

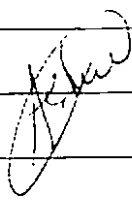
MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------------|--|
| <u>AMGR</u> | <u>Audrey Shaw</u> | <u>821 SE CAVERN AVE</u> | <input type="checkbox"/> Add |
| | | <u>P.O. ST LUCIE FL 34983</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AP</u> | <u>Shenoi Shaw</u> | <u>821 SE CAVERN AVE</u> | <input type="checkbox"/> Add |
| | | <u>P.O. ST LUCIE FL 34983</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AP</u> | <u>Ruth Shaw</u> | <u>821 SE CAVERN AVE</u> | <input type="checkbox"/> Add |
| | | <u>P.O. ST LUCIE FL 34983</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| | | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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| | | _____ | <input type="checkbox"/> Change |

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 RECORDED
 INDEXED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NAME OR ADDRESS OF THE COMPANY
IS NOT BEING AMENDED. ONLY PERSONS ARE
BEING REMOVED



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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6/22/2023



Signature of a member or authorized representative of a member

Altmond Shaw

Typed or printed name of signer