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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	BS Limited I	LC			
Sobster.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		Paul Beattie			
			Name of Person		
			Firm/Company		
		857 SE 47th St.			
			Address		
		Cape Coral, FL 33904			
		paul@beattiedev.com	City/State and Zip Code		
		E-mail address: (to be used for future annual repor	notification)	
For further in	formation con	cerning this matter, please ca	all:		
Paul Beattie			239 851-52 at ()		
	Name of P	erson	Area Code D	aytime Telephone Number	
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
<u>Mai</u>	ling Address:		Street Addre	<u>ss:</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BS Limited LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
	ALT AND THE STATE
The Articles of Organization for this Limited Liability C	ompany were thed on and assigned
Florida document number <u>L21000427742</u>	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
Beattie Remodeling LLC	
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	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:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
**	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>	<u>Name</u>	Address	Type of Action
MGR	Beattie Group	857 SE 47th St.	■Adđ
		Cape Coral, FL 33904	□Remove
		179-1	□Change
MGR	RRDP Holdings, LLC	857 SE 47th St.	
		Cape Coral, FL 33904	■Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
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Effective date, if other than the date of the date is listed, the date of the date inserted in this document's effective date on the date of the date	nust be specifi block does i	ic and cannot be not meet the a	pplicable stati			filing.) Pursuant t	
e record specifies a delayed effect d is filed.	tive date, bu	t not an effect	ive time, at 12	2:01 a.m. on t	he earlier of: (b) The 90th day	after the
April 9th Dated		2024					
65							
	Signature	of a member or	authorized rep	resentative of a	member		_