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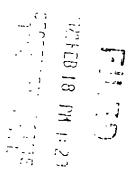
(Requestor's Name)	
	Address)	
	·	
	Address	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
		, <u> </u>
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
	, John Cares of	
Special Instructions to	Filing Officer:	
	Q. SIL	AS
	FEB 18	2022
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Office Use Only



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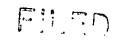
COVER LETTER

TO: Registration Section Division of Corporations			•	E**
SUBJECT: Beautiful	Beginn Name of Limite	1995 Real E.Sto d Biability Company	ate LLC	\
The enclosed Articles of Amendme				
Ra	tricka C	Coleman Name of Person	_	·
B	eautiful	Beginnings Firm Company	Keal Esta	e LLC.
2	919 Byir	gton Circle		
To	Hahasso HrickaC E-mail address: (1)	City/State and Zip Code Ohotmail obe used for future annual report	Com	
For further information concerning	g this matter, please ca	II:		
Patricka C. (Name of Person	deman	at (<u>954)</u> <u>56.</u> Area Code Da	2 -008-7 aytime Telephone Numbo	r
Enclosed is a check for the follow	ing amount:			
▼ \$25.00 Filing Fee	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Status &
		Stroot Addre	oes'	

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



772 FEB 18 PM 1: 20

	O1	10 111 1.2
Beautiful Reg	Liability Company as it now app Florida Limited Liability Company	Estate (2 CSTITE ears on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L. 22000</u> L	oility Company were filed on .	January 5/2022 and assigned

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

This amendment is submitted to amend the following:

		City	, Florida _	Zip Code
New Registered Office Addre		Enter Flort	ida street address	
Name of New Registered Age	nt:			
B. If amending the registered agent a agent and/or the new registered office	nd/or registered office address here:	e address on our re	cords, <u>enter the na</u>	me of the new registere
(Mailing address MAY BE A POST OF	FICE BOX)			
Enter new mailing address, if applica				
(Principal office address MUST BE A.	STREET ADDRESS)			
Enter new principal offices address, if	applicable:			

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 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
MGR	Patricka C Cdeman	2919 Byington Circle	25 Add
		2919 Byington Circle Tallahassee, # 32303	□Remove
		·	□Change
			⊡Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change
			□Add
			□Remove
			Change

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,	
(If an e. Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
	Feb 18 ,2022.
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00