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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEELINE CONSULTING 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
ELAINE M CLEARY Name of Person
Firm/Company
2718 MILLENNIUM CIR
MELBOURNE FL 32940 City/State and Zip Code ec/earyca@hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ELAINE CLEARY at (512) 923-8834 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEELINE CONSUL	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	1 TELL OF STATE
Florida document number L22 0000 52308	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ldress 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:	
	Enter Florida street address
	. Florida Zin Code
	Cini Zin 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 ancacept 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
AMBR	ELAINE CLEARY	2718 MILLENNIUM CIR	_ this
NANAGING WEMBER		MELBOURNE, PL 32940	□Remove
11601110011			□ Change
MGR	ELHNE CLEARY	2718 MILLENNIUM CIR	_ Tutti
MANIAGING MEMBER		MELBOURNE, FL 32940	□Remove
			🗆 Change
			🗆 Ada
			□Remove
			□Change
			ZAdd
			□Remove
			_ □Change
			⊔Add
			□Remove
			ElCnange
			TAdd
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · ·
(If an ef <u>Note:</u>	feetive date, if other than the date of filing: [rective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next is effective date on the Department of State's records.
f the reco	rd 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
Dated	
	Signature of a member or authorized representative of a member
	ELAINE IMCLEARY Typed or printed name of signer
	Typed or orinted name of signer