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A. RIVERS MAY - 5 2023

## **COVER LETTER**

TO: Registration of Division of	on Section Corporations		
	EIGH THOMAS RE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Article	es of Amendment and fee(s) are sub	emitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	CARLEIGH THOMAS B	EATUS	
		Name of Person	
	CARLEIGH THOMAS R	E, LLC	
		Firm/Company	
	4020 SW RIVERS END V	VAY	
		Address	
	PALM CITY, FL 34990		
		City/State and Zip Code	<del></del>
	CARLEIGH@THEGRANI E-mail address:	DLION.COM (to be used for future annual report notice	fication)
For further informat	tion concerning this matter, please o	· -	
CARLEIGH THOM	AAS BEATUS	772 233-5934 at ( )	
N:	ame of Person		e Telephone Number
Enclosed is a check	for the following amount:		
<b>■ \$25.00</b> Filing F	cee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears on our r (A Flonda Limited Liability Company)	ecords.)	_	
The Articles of Organization for this Limited landscape of Organization for the Organization for	Liability Company were filed on 04/29/2022		_ and ass	igned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company here:			
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	= = = = = = = = = = = = = = = = = = =	<u> </u>	1.2	
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B. If amending the registered agent and/or	registered office address on our records, e	nter the name o	f the nev	v registe
gent and/or the new registered office addr	ess here:	* D	·q	
		**,	=;	1-
Name of New Registered Agent:	CARLEIGH THOMAS BEATUS	· .	 ———	
New Registered Office Address:		15 <sup>1</sup>	တ်	
New Registered Office Address.	Enter Florida street d	address		
		, Florida		
	City	, i 101 tua	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 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	CARLEIGH THOMAS BEATUS	4020 SW RIVERS END WAY	<b>\ \ \ \ A d d</b>
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ective reffect	e date, it other tive date is listed, t	than the date o	f filing: ific and canno	ot be prior to date	of filing or more t	(option	al) ing.) Pursuant to 605.0
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s filed	i.	co encouve date, (	out not an ci	rective time, a	t 12:01 a.m. on t	ic earlier of: (b)	The 90th day after t
ted	May 18th		<u> </u>	)22 .			
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Typed or printed name of signee