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Division of Corporations

## Florida Department of State Division of Corporations

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Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

cassie@foreverfl.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEYOND REALTY MILLER GROUP, LLC

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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

## BEYOND REALTY MILLER GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 05/25/2022 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number \_\_\_L22000226977 This amendment is submitted to amend the following: 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 abbreviation "LLC." 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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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 |
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