Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000268983 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 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.

Email Address: cassie@foreverfl.com

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

	ND REALTY MILL		
(Name of the	Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limi Florida document number <u>L22000</u>	, , ,	d on05/25/2022	and assigned
This amendment is submitted to amend the	e following:		
A. If amending name, enter the new na	me of the limited liability com	pany here:	
The new name must be distinguishable and contain	n the words "Limited Liability Compar	ny," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if a	pplicable:		
(Principal office address MUST BE A ST	REET ADDRESS)		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
B. If amending the registered agent and agent and/or the new registered office a	ddress here:	on our records, enter the nar	Reof. the neparegistered
Name of New Registered Agent			<u> </u>
New Registered Office Address:		Enter Florida street address	PMI2:
		, Florida _	Zin Code
	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 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>	Name	<u>Address</u>	Type of Action
SHDLR	CASSANDRA MILLER	9118 TOWN CENTER PARKWAY UNIT 10	<u>l</u> □Add
		LAKEWOOD RANCH, FL 34202	_ 🗷 Remove
			Change
			_ DAdd
			□Remove
			Change
			🖸 Add
			□Remove
			□Add
			Remove
			□Change
			OAdd
			□Remove
			Change
			□Add
			□Remove
			Change

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Signature of a member or authorized representative of a member		a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
	Dated Augu	<u>1st 4th</u> <u>2022</u>
		C Miller
CASSANDRA MILLER		Signature of a member or authorized representative of a member
Typed or printed name of signee	***	CASSANDRA MILLER

Filing Fee: \$25.00