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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: | | | <u> </u> |
|----------------------------|--|---|--|
| | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | Name of Person Firm/Company T204 Address City/State and Zip Code State to the following: | |
| | | | |
| | Linda Presley | | |
| | | Name of Person | |
| | Linda Presley, LLC | | |
| | | Firm/Company | |
| | 12171 Summergate Cir T2 | 04 | |
| | | | |
| | Ford Marrows El 22012 | | |
| | Fort Myers, FL 33913 | 0'- 10' 12'- C-1 | |
| | Lmpresley4@gmail.com | City/State and Zip Code | |
| | | to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please ca | all: | |
| Linda Presley | • | | |
| <u> </u> | | at () | 7-1b Womb |
| Name (| of Person | Area Code Daytime | : Telephone Number |
| P. J. J. Shark Com | ska Callandina amuunti | | |
| Enclosed is a check for t | | | 7 |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | | | (additional copy is enclosed) |

Mailing Address:

TO:

Registration Section **Division of Corporations**

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 OF

| Linda Presley, LLC | | |
|---|--|----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Cability Company) | |
| he Articles of Organization for this Limited Liability Company orida document number L2200305726 | were filed on <u>07/08/2022</u> | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| ridge and Beyond, LLC | | |
| e new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | obreviation "L.L.C." |
| nter new principal offices address, if applicable: | 8516 Via Lungomare Cir #203 | |
| Principal office address MUST BE A STREET ADDRESS) | Estero, FL 33928 | |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | 8516 Via Lungomare Cir #203 Estero, FL 33928 | |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the nan | -1 2 |
| New Registered Office Address: | | 22 O |
| New Registered Office Address. | Enter Florida street address | OPT 31 |
| | , Florida | Zip Code |
| ew Registered Agent's Signature, if changing Registered Agent: | · | [N |
| harabu assent the appointment as registered agent and app | | دی اینس بالکلام دی میسا |

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 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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| Change address | of LLC to 8: | 516 Via Lungomare | Cir #203 |
|--------------------------------------|---------------------------------|--|------------------------|
| Estero FL 3 | 3928 | 516 Via Lungomare | |
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| ective date, if other than the | date of filing: October 15, 20 | (optio | nal) |
| te: If the date inserted in this blo | ck does not meet the applicabl | date of filing or more than 90 days after the statutory filing requirements, this | date will not be liste |
| cument's effective date on the De | partment of State's records. | | |
| ecord specifies a delayed effective | date, but not an effective time | e, at 12:01 a.m. on the earlier of: (b) | The 90th day after |
| is filed. | | | |
| October 15 | 2022 | | |
| | | red representative of a member | |
| φ , φ |) 1 | | |