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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	9)
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Co			••
Beesh LLC			
SUBJECT:	Name of Li	imited Liability Company	_
The enclosed Articles of	Amendment and tee(s) are su	abmitted for filing.	
Please return all correspondence	ondence concerning this matte	er to the following:	
	Ashley Piowlski		
		Name of Person	
	Beesh LLC		
		Firm Company	
	11716 18th PL E #313		
		Address	
	Bradenton FL 34211		
		City/State and Zip Code	
	E-mail address:	: (to be used for future annual report notification)	_
For further information e	oncerning this matter, please	call:	
		at ()	
Name c	of Person	at ()Area Code Daytime Telephone Nun	aber
linclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fed Copy onal copy is enclosed)
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beesh LLC					
(Name of the	e Limited Liability Company : (A Florida Limited Liab	is it now appears on or ility Company)	ir records.)	•	
The Articles of Organization for this Limit Florida document number L22000335927	• • •	re filed on July 29.	2022	and as	signed
This amendment is submitted to amend h	ne following:				
A. If amending name, enter the new na	ame of the limited liability	company here:			
The new name must be distinguishable and contain	in the words "Limited Liability C	Jompany," the designat	on "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if	applicable:				
(Principal office address MUST BE A \$	TREET ADDRESS)	···· —			
	_				
Enter new mailing address, if applicabl	le:				
(Mailing address MAY BE A POST OF)	FICE BOX)				
B. If amending the registered agent an agent and/or the new registered office a Name of New Registered Agent	address here:	ress on our records	, <u>enter the nar</u>	232	w registere
New Registered Office Address				(C)	
		Enter Florida stre	et add re ss	·	
		City	Florida	21/\15 : C1\\16	
New Registered Agent's Signature, if chan	ging Registered Agent:			31.V.	
I hereby accept the appointment as reg provisions of all statutes relative to the accept the obligations of my position as being filed to merely reflect a change in company has been notified in writing o	proper and complete per registered agent as prov the registered office add	formance of my di vided for in Chapte	ties, and Lam r 605, F.S. Or	familiar wi . if this doci	th and iment is

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed		ed to manage, <u>enter the title, name, and addre</u>	ss of each person being added
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jenna Sa Freire	2802 1/2 S Redondo Blvd Los Angel	es, CA 90016
			□Remove
			□Change
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
_			□Add
			□Remove
			☐ Change
			□Add
			□ Romova

□Change

D. If am	ending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
,		
•	-	
	<u> </u>	
-		
-		
F Effort	ive date, if other than the dat	October 11th, 2022
(If an ef <u>Note:</u>	ective 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 (3)Xb does not meet the applicable statutory filing requirements, this date will not be listed as the
If the recor record is fi	d specifies a delayed effective da led.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 10th, 2022	
	Sign	nature of a member or authorized representative of a member
	Ashley Piowlski	
		Typed or printed name of signee

Filing Fee: \$25.00