L22000521503

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

A. RIVERS MAY 3 0 2023

COVER LETTER

Division of Cor	porations		
SUBJECT: THE BEA	AUTITICIAN LOUNGE, Name of Lim	LLC ited Liability Company	
The onelosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	indence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ad
		Name of Person	•
	Proc	essing Department	
		Firm Company	
	1	l450 Vassar St	
		Address	
		Reno, NV 89502	
	·	City State and Zip Code	
			• • • • • • • • • • • • • • • • • • •
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	alt:	
Process	ing Department	, 800 , 638-2320	
	f Person	at (800) 638-2320 Area Code Daytime	· Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEAL	JTITICIAN LOUNGE, LLC	
(<u>Name of the Limited Liah</u> (A Flori	Hity Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 12/13/22	and assigned
Florida document number L22000521503		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
TH <u>E BEA</u>	UTICIAN LOUNGE, LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		rds, enter the name of the n
registered agent and/or the new registered office ad	ldress here:	20 5 5
		2023 APR
Name of New Registered Agent:		
New Registered Office Address:		SSE I
	Enter Florida street addi	
		Florida 55 & C
	City	≣रा, ८खः

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	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
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<u>(ote:</u> If il	date, if other than the date date is listed, the date must be the date inserted in this block is effective date on the Department.	does not meet the ap	plicable statutory fi	(option of the contract of the	filing.) Pursuant to 605,0207
	d specifies a delayed e th day after the recor		. not an effectiv	e time, at 12:01 a	.m. on the earlier of
ated	March 13		·		
		Brun	1 Brisher		
	Ši	gnature of a member or	authorized representa	ave of a member	
			ana Briones		

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Filing Fee: \$25.00