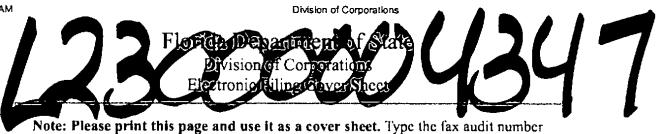
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From:

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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TO:

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		LINE OF SIGHT LLC		
306360	.1.	Name of Lim	ited Liability Company	·
The encio	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	indence concerning this matter	to the following:	
		Cheyenne Moselcy		
			Nume of Person	
		Legalzoom.com, Inc.		
		•	Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	<u> </u>
		Glendale, CA 91203		
			City/State and Zip Code	
		rtmorgan l @outlook.com		
		E-mail address: (to be used for future annual report notific	cation)
For furthe	er information c	oncerning this matter, please co	BH:	
Cheyenn	e Moseley		800 773-0888	
	Name o	f Person	al ()	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

BEYOND LINE OF SIGHT LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000004347</u>	were filed on 12/29/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Living Beyond Line of Sight LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10426 Crooked Creek Court	
(Principal office address MUST BE A STREET ADDRESS)	Parrish, FL 34219	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		enter the name of the new
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flor	rida
	City	· Zip Code
New Registered Agent's Signature, if changing Registered Agent:		(1) (1) (1)
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

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
AMBR	Robert Morgan		D Add
			C Add
			□ Remove
		10426 Crooked Creek Court Parrish, FL, 34219	■ Change
			□ Add
			□ Remove
			Change
			DbA □
			☐ Remove
			Change
		-	□ Add
		 	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			bbA 🖸
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Note:	tive date, if other than the date of filing: [Coptional] Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	28 November, 2023
	Signature of a member or authorized representative of a member
	Robert Thomas Morgan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00