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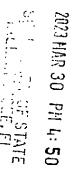
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

ANTIQUES MBEYOND LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELE R BART Name of Person Firm/Company 2800 MURRAY ROAD Address FORT DENAUD, FL 33935 City/State and Zip Code MICHELESANTIQUES@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE BART Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTIQUES MBEYOND LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{2/20/2023}{}$	and assigned
Florida document number 1.23(000090900)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	202
		ω Ξ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_ 원위 로 1년
		50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	Flori	
	Citv	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>	<u>Name</u>	Address	Type of Action
MGR	ROBERT W. LANDAS JR.	2800 MURRAY ROAD, FORT DENAUD,FL 33935	; □Add
			□Remove
			= Change
			□Add
		<u> </u>	□Remove
		And	_CChange
		SA DE STATE	30 PRemove 1
			□Add
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ON THE ABOVE CO.	MPANY.	
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