L230000909000

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SECRETARY OF STATE ALLAHASSEE, FLORIDA 7073 IIII -5 AMIO:

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Antiques N	lbeyond, LLC		
SUBJECT:		nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin Drummond, Esq		
		Name of Person	
	Blue Line Law Firm, PLL	С	
		Firm/Company	
	1645 Palm Beach Lakes B	lvd, Suite 1200	
		Address	
	West Palm Beach, FL		
		City/State and Zip Code	
	intake@tbllf.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Amy T. Fiorenza		517 366-4199 at ()	
Name o	f Person	Area Code Dayti	me 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 Addres Registration S		Street Address:	action
Division of C		Registration S Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTIQUES MBEYOND LLC

(Name of the Limited Liability Compar (A Florida Limited L	<u>ry as it now appear</u> iability Company)	<u>s on our records.</u>)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000090900</u> .	were filed on	2/20/23	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or th	e abbreviation "L.L.	Ü."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			ECRETA:	
Enter new mailing address, if applicable:		-		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
			73. 10. 13. 5.	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our ro	ecords, <u>enter the n</u>	ame of the new i	registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	ida street address		· · · · · · · · · · · · · · · · · · ·
	z 35.	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Ciţy		Zip Code	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	perfor <mark>mance</mark> of a rovided for in C	my duties, and La Thapter 605, F.S. (m familiar with o Or, if this docum	and ent is

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>	<u>Address</u>	Type of Action
MGR	Michele Bart	2800 Murray Road, Labelle, FL 33935	\alpha Add
			□Remove
			□ Change
			□Remove
		 	□ Change
			□ Add
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with Robert W. Landas Jr.			
			
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tive date, if other than the	MARCH 23, 2	023	(optional)
ffective date is listed, the date mu	st be specific and cannot be prior to d lock does not meet the applicable	late of filing or more than 90 c	lays after filing.) Pursuant to 60
	Department of State's records.	e statutory trining requirement	ens, this date will not be in
	ve date, but not an effective time.	, at 12:01 a.m. on the earli	er of: (b) The 90th day aft
filed.			
JUNE 09	2023		
	- M	2 Contraction	
	<i>y </i>		

Filing Fee: \$25.00