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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Beach St P	roject LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthur Morrison III		
	<del> </del>	Name of Person	<del></del>
	United Home Relief LLC		
	<del> </del>	Firm/Company	<del></del>
	400 Plymouth Pl Apt #140	)7	
		Address	
	Somerset NJ 08873		
		City/State and Zip Code	<u></u>
	info@unitedhomerelief.com		
		to be used for future annual report no	tilication)
For further information of	oncerning this matter, please c	all:	
Arthur Morrison III		201 344-5062 at ()	
Name o	d Person	at ()	me Telephone Number
Enclosed is a check for the	he 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 Registration	Section	Street Address: Registration S	
Division of C		Division of Co	<del>-</del>
P.O. Box 632	<u>'</u>	The Centre of	Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec aability Company)	ords.)
The Articles of Organization for this Limited Liability Company		
florida document number 1.23000094850		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "l	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24 H
(Principal office address MUST BE A STREET ADDRESS)		
	400 Plymouth Pl Apt #140	7 Somerset NL 08873 W
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street od	dress
		. Florida
	City	, Florida 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
AMBR	Bradshaw Placements LLC	2912 S Zenobia st Denver CO 80236	≣Add
			□Remove
AMBR	Diallo LLC	2912 S Zenobia St Denver CO 80236	■Add
			□Remove
			□Change
···			□ Add
			□Remove
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Effective date, if other than the defaute of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and c k does not me	et the applicat	date of filing or de statutory fil	more than 90 da ing requiremen	(optional) ys after filing.) F its, this date w	tursuant to 605,020 ill not be listed as
record specifies a delayed effective of is filed.	late, but not a	n effective tim	e, at 12:01 a.n	on the earlie	of: (b) The	90th day after the
April 19th  Dated		2024	<b>.</b> ·			
8	gnature of a me	ember or authori	zed representati	ve of a member		·