

L23000205252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

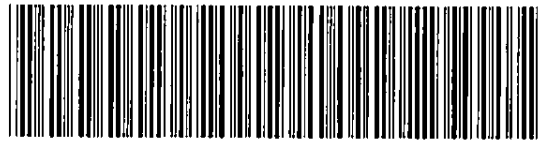
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2024 APR -9 PM 12:54
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

04/09/24--01002--015 **25.00

A. PARISHANI

APR 10 2024

OCT 27 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ShotbybeatHoven
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:

Shotbyb. BeHoven Louis
Name of Person

ShotbybeatHoven LLC
Firm/Company

2826 13 McLeod Rd Apt D
Address

Orlando, FL 32805
City/State and Zip Code

ShotbybeatHoven@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BeHoven Louis at (407) 288-6941
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APR 12 2023

2024 APR - 9 PM 12:05

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SHOTBY BEATHOVEN

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF COURT
JANUARY 11 2024
TALLAHASSEE, FLORIDA

2024 APR -9 PM 12:05

FILED

The Articles of Organization for this Limited Liability Company were filed on 10-19-2023 and assigned Florida document number 123000205252

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

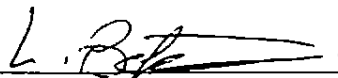
City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bethoven Louis	2825 LB McLeod RD HPLD Orlando, FL 32805	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 APR 9 PM 12:00
CLARK COUNTY FLORIDA
CLERK OF COUNTY

Figure 6

2024 APR -9 PM 12:05

AND SEE THERE.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

L. B. [Signature]
Signature of a member or authorized representative of a member

Filing Fee: \$25.00