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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

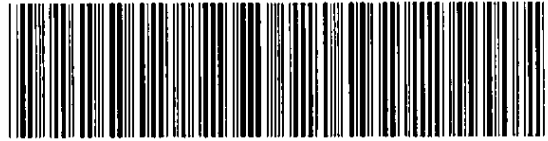
(Business Entity Name)

(Document Number)

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2023 OCT 13 PM 3:22

A. PARISHANI

OCT 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAK GROUP, LLC

Name of Limited Liability Company

2023 OCT 13 PM 3:22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONNIE HENDERSON

Name of Person

BEAK GROUP, LLC

Firm/Company

13538 VILLAGE PARK DRIVE, SUITE 245

Address

ORLANDO, FL 32837

City/State and Zip Code

hendersonronnie77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM O. KIRWAN

407 210-6622
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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

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 | RONNIE HENDERSON | 13538 VILLAGE PARK DRIVE, SUITE 245 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | RONNIE HENDERSON | 13538 VILLAGE PARK DRIVE, SUITE 245 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 OCT 13 PM 3:22

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

9/18

2023

Signature of member or authorized representative of a member

RONNIE HENDERSON

Typed or printed name of signee