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77. 27.713.33

COVER LETTER

TO: Registration Section Division of Corpora		•	
SUBJECT: AM	OKE BEAL	TY LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Bibolu	WA FATUKASI	
_	AMOKE	Name of Person BEATY LC Firm/Company	
_	1601 nw 103	Address apt	380
-	W	City/State and Zip Code	147
_		nes (hyahoo-CoM) to be used for future annual report noti	fication)
For further information conce	rning this matter, please c	all:	15.
Biboluwa Name of Pers	Footuko6i	at () 305 Area Code Daytim	3053917 e Telephone Number
			-m :::
Enclosed is a check for the fol	lowing amount:		<u>بې</u> د :
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti	on	Street Address: Registration Sec	ction
Division of Corpo		Division of Cor	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMOKE BEAU	ty LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears de Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L 2300028 927</u> 0	ny were filed on	une 152023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here	2:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the des	ignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			72
Enter new mailing address, if applicable:			~ ;
(Mailing address MAY BE A POST OFFICE BOX)			
			्र क
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florid	u street address	
		, Florida	
	City		Cip Code
New Registered Agent's Signature, if changing Registered Agen	ot:		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of m s provided for in Ch	y duties, and I am fami apter 605, F.S. Or. if th	iliar with and his document 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>	Name	Address	Type of Action
AMBR	BIBOLUNA FATULASI	1601 nw103rd Street	⊡ ∕Add
		1601 nw103rd Street apt 380 mamflorida	□Remove
		33147	□Change
			□Add
			□Remove
			□Change
			□Add
			☐ Remove
			□Change
	·		□Ãdd
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ective date, if other than the date of filing:	
cective date, if other than the date of filing: TUC 142023 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after te: If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	
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is filed.	filing.) Pursuant to 605.02
- · · · · · · · · · · · · · · · · · · ·) The 90th day after th
1ed June 26 2023	
FA Colukara	
Signature of a member or authorized representative of a member	-

Filing Fee: \$25.00