## L23000306254

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:             | Registration Section Division of Corpor |  |  |  |   |
|-----------------|---|--|--|--|---|
| SUBJE           | cr: Anti                                | LIA BEACH W/                                 | AULER L C  | ······································   |   |
|                 |   |  |  |  |   |
| The encl        | losed Articles of Am                    | endment and fee(s) are sub                   | omitted for filing.  |  |   |
| Please re       | eturn all corresponde                   | ence concerning this matter                  | to the following:  |  |   |
|                 |   | Ronald<br>LAW OFFICE                         | Name of Person  Firm/Company   | CONTE  |   |
|                 |   |  |  | WAY SUITE 12   | D |
|                 |   | FERMANOINI                                   | A BEACH FL City/State and Zip Code   | 32034  |   |
|                 |   | RCONTERC                                     | City/State and Zip Code  ONTELAWFINI  (to be used for future annual report | Y. COM   |   |
| For furt        | her information cond                    | erning this matter, please o                 | call:  |  |   |
| Ro              | næld 1. Con                             | re erson                                     | at ( <u>407</u> ) 35<br>Area Code Day                                      | Time Telephone Number  |   |
| Enclose         | ed is a check for the f                 | following amount:                            |  |  |   |
| <b>5</b> 2 \$25 | 5.00 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:                        |  | Street Address   | <u>:</u><br>Saatiaa  |   |

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

| AMELIA BEACHWALKER.   | LC  | ('   |
|---|---|--|
| Name of the Limited Liability Compa   | ny as it now appears on o<br>Liability Company) | ur records.)   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LZ300030625</u> 4.   | were filed on                                   | ·  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab  ATELIA BEACHUALKER, L.  The new name must be distinguishable and contain the words "Limited Liab |   |  |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designa                     | tion "LLC" or the abbreviation "L,L,C."  |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <del></del>  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   |   |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our recor                            | ds, enter the name of the new registered   |
| Name of New Registered Agent:   |   | and the face of the state of th |
| New Registered Office Address:  |   |  |
|   | Enter Florida s                                 | reet address   |
|   | City  | , Florida<br>Zip Code  |
|   | Ony.  | Lip Come   |

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 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 |
|--------------|------|----------|----------------|
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| Note: If                         | e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date it is the date inserted in this block does not meet the applicable nt's effective date on the Department of State's records. | (options to of filing or more than 90 days after filing statutory filing requirements, this days | al)<br>ng.) Pursuant to 605.0207 (3)(<br>ate will not be listed as the |
| f the record :<br>ecord is filed | specifies a delayed effective date, but not an effective time, a   | at 12:01 a.m. on the earlier of: (b)   | The 90th day after the   |
| Dated                            | NOVEMBER 29, 2023.   |  |  |
|                                  |  | l representative of a member   |  |

Typed or printed name of signee