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	Registration So Division of Cor						
SUBJEC	Beam Jade	, LLC					
зовяте	···	Name of Lim	ited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Joyce Johnson					
			Name of Person				
		-	Firm/Company	-			
3225 McLeod Drive, Suite 100							
		Address					
		Las Vegas, Nevada 89121					
		ra@andersonadvisors.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information c	oncerning this matter, please ca	ıll:				
Joyce Jo	hnson		800 706-4741 at ()				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	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 Addres Registration S	Section	Street Address: Registration Se	ection			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beam Jade, LLC		
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con- Florida document number <u>L23000541200</u> .	npany were filed on 12/6/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		123 DE 1
		EC 2
Enter new mailing address, if applicable:		点令 フ 1
Mailing address MAY BE A POST OFFICE BOX)		SS € 10
		و التات
		27 E
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new regis
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Fłorida
	City	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>	Type of Action
AMBR	Ngoc Anh Nguyen	3225 McLeod Drive, Suite 100	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa ecord specifies a delayed effective d	e specific and cannot be prior to does not meet the application artment of State's records.	to date of filing or more the	nan 90 days after filing.) puirements, this date v	will not be listed as
is filed.				
Dagardon 10	. 2023	<u> </u>		
ted				
ted December 19 Jake Johnson	gnature of a member or autho			