From: Amal Bello	Fax: 13212503577	τo.	Fax: (850) 617	-6383	Page: 6 of 25	06/25/2024 9:31 AM
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- SUBJECT:	BEACON	RIDGE, WAY LI	LC	,		ê di		
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The enclosed	l Articles of	Amendment and	l fcc(s) are su	bmitted for fili	ng.			
		ondence concerni			0			
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cie:	:	Gerrard L. G	rant					
-	,		<u>.</u>	Name o	f Person	*		
		Aventus Law	Group, PLL	.C				
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				Add	ress			
		Winter Park,	Florida 3278	-				
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Gerrard L. G				321 at ()			
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าย หมั่งlise lama Reilo	÷.	* Fax: 13212503577	To:	Fax: (850) 617-6383	Page: 8 of 25	06/25/2024 9:31 AM
			ARTICLES OF	AMENDMENT		
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	6 67	ACON RIDGE WAY	ПC			
				any as it now appears on our rec	ords.)	
<u>.</u>	•		(A Florida Limited	any as It now appears on our rec Liability Company)	,	
The Articles	sofO	ganization for this	Limited Liability Company	were filed on 12/07/2023		and assigned
		number				
Proratia doct						
This amend	ment i	s submitted to amer	id the following:			
			w name of the limited list	ility company haro:		
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The new neme	muet	o distinguishable and c	optain the words "I imited Link	lity Company," the designation "L	1 ("" or the abbre	viation "LLC"
		•		1095 W. MORSE BLVD		
Enter new [princi	pal offices address	, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS				SUITE 200		
				WINTER PARK, FL 32789		<u> </u>
S.C.	1 -					
	nailir	ig address, if appli	cable:	1095 W. MORSE BLVD	· · · · · · · · · · · · · · · · · · ·	
(Mailing ad	dress	MAY BE A POST	OFFICE BOX)	SUITE 200		
<u></u>			<u> </u>	WINTER PARK, FL 32789		m œ
				· · · ·		
B. If amen	ding t	he registered agen	t and/or registered office	address on our records, <u>ent</u>	er the name o	f the new registered
agent and/o	or the	new registered off	ice address here:			
<u>Na</u>	unic of	New Registered A	gent:			•
					· · · · · · · · · · · · · · · · · · ·	

New Registered Office Address:

Enter Florida street address

___, 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.

City

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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 Title Name Address **Type of Action** ____ Change □Add _____ ClChange ٠, _____ []Add _____l]Remove _____ []Change _____ 🗆 Add _____ Air _____ Change <u>, ц</u> . • _____ 🖸 ^ dd . .

Fax: (850) 617-6383

Page: 9 of 25

06/25/2024 9:31 AM

From: Amal Bello

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- Fax: 13212503577

TO.

□Change □Add ₩ Add □Remove □Change □Change

rom: Amai Beilo	• Fax 13212503577	τα:	Fax: (850) 617-6383	Page: 10 of 25	06/25/2024 9:31 AM
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Dated	Gerrard		· 		
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	5	ignature of a member or a	uthorized representative of a memb	er	
· •• 14	Gerrard L. Grant, Esq.				
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