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## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Beau Geste Orlando LLC Nume of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Worli F Cummings
Boau Gosto Orlando UC
1166 Wading Water Cir Address
Winter Park FL32792 City/State and Zip Code
Wenli Janwings a gmail Com E-mail address: (totte used formular annual report notification)
For further information concerning this matter, please call:
Went F Cummings at (321) 666 4188  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee US30.00 Filing Fee & US55.00 Filing Fee & Certificate of Status Certificate Of Status Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Companyious

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beau Geste Orlano	lo uc
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $2400012029$ .	were filed on $01/01/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13262 Winteron Lane
(Principal office address MUST BE A STREET ADDRESS)	Oxlando, FL 32832
Enter new mailing address, if applicable: (Mailing address M,4Y BE A POST OFFICE BOX)	13262 Winteron Lone & & Contando FL32832
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:  New Registered Office Address: 1166	HiF Commings Wading Water Cir
_ Winte	Entec Florida street address  Y Park Florida 32792  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.

f Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Wenlit Cummings	1166 Wooling Waters Cir Winter Park F 132792	( \( \tau \) \( \dd \)
	V	Winter Park F 132792	Remove
			□Change
MGR	Zeng, Qi	1250 Caly PSO Way Oviedo, FL32765	□Add
	V	Oviedo, FL32765	Remove
			🗆 Change
			□Add
			Premove
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			□Change
			□Add
			□Remove
			□Change

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Note:	tive date, if other than the date of filing: 05/01/202+ (optional) Rective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e90th day after the record is filed.
Dated	06/12 2024
	Men 2. T Cummy  Signature of a member or authorized representative of a member
	WENLI F cumings Typed or printed name of signee

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Filing Fee: \$25.00