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'AUG'13 S. PRATHER



July 15, 2024

MADE WITH LOVE BY ELIZABETH, LLC ELIZABETH L JOSEPH 5780 E HILLSBOROUGH BLVD NORTH PORT, FL 34288

SUBJECT: BEYOUTIFUL CROCHET

Ref. Number: W24000102073

We have received your document for BEYOUTIFUL CROCHET and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

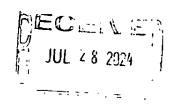
The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 524A00015238



COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Boyout Human Of Limited Liability Company Name of Limited Liability Company OMPANY
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Joseph Be Youtiful Cochet Limited Liability Firm/Company Company 5780 & Hills borough Blud Address Jorh Port Fl 34286 Sitt/State and Zip Code Beyout Human het el ag Mall COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Joseph at 941 268-4408 Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \[\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S25.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \\ (\text{additional copy is enclosed}) \] \[\sum_{\text{Certified Copy}} \text{Certified Copy} \text{(additional copy is enclosed)} \]

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

Street Address:
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

	О	F	20 Mg
Maide With L		ny as it now appears on our reliability Company)	h Limited
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on 186	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the first of the new name must be distinguishable and contain the work. Enter new principal offices address, if applicable applicable of the new principal office address MUST BE A STREET	ds Limited Liabil	Liabilit	y Company "AC" or the abbleviation "L.A.C." LILS MOUGH Blue FL 34268
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	Same_	
B. If amending the registered agent and/or reg agent and/or the new registered office address	,	address on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:		Enter Florida street	address
		-	_, Florida
		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>	Address	Type of Action
	NA		□Add
	l		□Remove
			□ Add
			□ Remove
			Change
			□Add
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