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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BEYOND BRICE Name of 1	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
So	fia Denman	
	Name of Person	
	Firm/Company	41 · 1 20
	Pebble Beach Blut	#505
•		
Beyon E-mail alidres	Division of Corporations CCT: BEYOND BRICKS LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for tiling. return all correspondence concerning this matter to the following: SHA DEN MAN Name of Person Firm/Company 200 Rebble Brack Brux # 505 Address Name of Person E-mail address: (to be used for future andual report notification) ther information concerning this matter, please call: Name of Person at (239) Name of Person at (239) Daytime Tetephone Number ed is a check for the following amount:	
For further information concerning this matter, please	e call:	
Sotra Denman Name of Person	at (239) 777 Area Code Daytime	-3807 Telephone Number
Enclosed is a check for the following amount:		
	Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Paying Partial Section	Street Address:	ion

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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLQ" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRE</u>	- in a common of the common of	n Blvd
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	539 5th Ave 246 Nuples, FL 34	5,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
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
AMPL	Sotra Denman	200 Pebble Brach BLVD	XAdd
		4505	□Remove
		#505 Naples FL 34113	Change
			□Remove
			□Change
			□Add
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neffective date is listed, the date must be specificate: If the date inserted in this block does cument's effective date on the Department.	not meet the applicable			
cord specifies a delayed effective date, bust filed.	ut not an effective time, a	at 12:01 a.m. on the earli	er of: (b) The 90th day aft	ter the
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ted 6-20	, ,		A	

Typed or printed name of signee