L24000098648

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09/12/24

COVER LETTER

TO:	Registration Section
	Division of Corporations

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Beau-Ho L SUBJECT:			
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lela Fishman		
		Name of Person	
	Beau-Ho Living LLC		
		Firm/Company	_
	9625 Bearwood Lane Sui	te #306	
	Address		
	Fort Myers, FL 33967		
		City/State and Zip Code	
	beauholiving@gmail.com E-mail address:	(to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	,	,
Lela Fishman	-	440 773-0635	
Name o	of Person	at ()at ()Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 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 OF

Beau-Ho Living, LLC			
(Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our reco I Liability Company)	ords.)	
he Articles of Organization for this Limited Liability Compan	y were filed on 02-26-2024	··	and assigned
orida document number L24000098648			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			* 3
		25.7%	3 :
nter new mailing address, if applicable:		53	rā ·
		<u> </u>	1.50 T.
Sailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>
		<u> </u>	62)
If amending the registered agent and/or registered office ent and/or the new registered office address here:	e address on our records, <u>ent</u>	ter the name	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ada	Iress	
		Florida	<i>**</i> • • • •
	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
AMBR	Calli Alisha Tony	2374 Indian Head Road Champion, PA 15622	■Add
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10-01-2024	5. 65
ective date, if other than the date of filing: [0-01-2024] effective date is listed, the date must be specific and cannot be prior ((optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0.
e: If the date inserted in this block does not meet the application unent's effective date on the Department of State's records.	ible statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective tir s filed.	nc, at 12:01 a.m. on the earlier of: (b) The 90th day after t
cd 9-1- 2014	, ·
- Lila Fisi	mayurized representative of a member
// Ci	