

L24000098648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

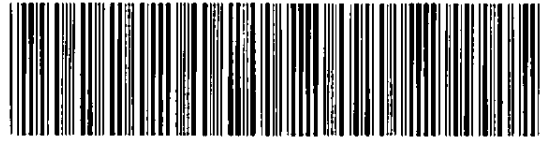
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/24--01022--003 **25.00

STATE OF FLORIDA
SECRETARY OF STATE
2024 SEP 12 AM 10:25

R. HUNT
09/12/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beau-Ho Living LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lela Fishman

Name of Person

Beau-Ho Living LLC

Firm/Company

9625 Bearwood Lane Suite #306

Address

Fort Myers, FL 33967

City/State and Zip Code

beauhohiving@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lela Fishman

440 773-0635
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Calli Alisha Tony	2374 Indian Head Road Champion, PA 15622	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
MAY 2 11:10:26 AM
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

DEPARTMENT OF STATE
TALLAHASSEE, FL
OCT 12 AM 10:26

E. Effective date, if other than the date of filing: 10-01-2024 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9-1- 2024

Lela Fishman
Signature of a member or authorized representative of a member

Lela Fishman
Typed or printed name of signee