

L24000174999

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	£ 011
2525	9/18/2024

Office Use Only



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10/31/24--01015--002 **25.00

COVER LETTER

то:	Registration 5 Division of Co			
SUBJEC		Backyard Living Creations, LLC		
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Terrance Schabilion		
			Name of Person	
		 	Firm/Company	Name of Person Firm/Company Address sy/State and Zip Code om used for future annual report notification) 262 at (
		12350 Genter Drive		
			Address	
		Spring Hill, Florida 34609		
			City/State and Zip Code	
		office@beyondbackyardliv E-mail address: (_	fication)
For furth	er information	concerning this matter, please ca	all:	
Terrance	e Schabilion			
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for	the following amount:		
■ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	Mailing Addr Registration			ction
	Division of	Corporations	Division of Cor	rporations
	P.O. Box 63	327	The Centre of T	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

NOS DU

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Backyard Living Creations, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record i Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number L24000174999	Company were filed on 04/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		<i>t</i>
Enter new mailing address, if applicable:		! '
(Mailing address MAY BE A POST OFFICE BOX)		
		·, ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	ŗ.	Florida
	City	Florida 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
MGR	Terrance Schabilion	14180 Amero Lane Spring Hill, F1, 34609	= Add
			□Remove
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		-	
			
ective date, if other than the date of a effective date is listed, the date must be speci	filing:	(optional)	
te: If the date inserted in this block does	not meet the applicable statut	tory filing requirements, this date will	not be listed
ument's effective date on the Departmer	nt of State's records.		
	CC 13		
cord specifies a delayed effective date, but siled.	ut not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90	nn day atter tr
Septemeber 16th ed	2024		
	e of a member or authorized repro		

Filing Fee: \$25.00

Typed or printed name of signee