# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone

: (305)381-8108

Fax Number

: (305)381-8109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BEAD ENTERPRISES (USA) LLC** 

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J. BRYAN Help

MAY 27 2011

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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	BEAD ENTER	RPRISES (USA) LLO	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	<b>≈ ★</b>
Please return all correspo	ondence concerning this matter	to the following:	HAY 26 AM 8: 14 SECRETARY OF STATE ALLAHASSEE. FLORIT
	Geo	ffrey M. Wayne, Esquir	PASSET A
		Name of Person	
	Ge	eoffrey M. Wayne, P.A.	LORAL
		Firm/Company	500
	Penthouse 840. M	lerrick View, 135 San L	orenzo Avenue
		Address	
	Coral C	Sables, Florida 33146-1	527
		City/State and Zip Code	
	E-mail address: (	@abogadomiami.com to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
The	odore R. Gay	at ( 305 )	381-8108
Name o	f Person		nytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BEAD ENTERPRISES (USA	N) LLC	87.
(Name of th	Limited Liability Company as it now app (A Florida Limited Liability Company)	ocars on our records.)	
The Articles of Organization for this I	Limited Liability Company were filed on _	03/17/2011	and assigned
Florida document numberL1	1000032851		
This amendment is submitted to amer	nd the following:		
A. If amending name, enter the new	w name of the limited liability company	<u>here</u> :	
The new name must be distinguishable a "L.L.C."	and end with the words "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address	, if applicable:		
(Principal office address MUST BE.	A STREET ADDRESS)		
Enter new mailing address, if application	cable:		
(Malling address MAY BE A POST	OFFICE BOX)		
B. If amending the registered ag registered agent and/or the new reg	ent and/or registered office address o istered office address here:	n our records, <u>enter t</u>	he name of the new
Name of New Registered Ap	gent:	<del>_</del>	
New Registered Office Addr			
		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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAVEE NANDWANI	135 San Lorenzo Avenue, PH 840 Coral Gables, Florida 33146-1527	Add Remove
<del></del> _			Add Remove
<u> </u>			Add Remove
<del>v</del>	<u></u>		Add Remove
			Add Remove
			Add Remove
	nding any other information, enter ch This company is to be manager n	nange(s) here: (Attach additional sheets, if necessary.,	THAY 26 AM 8: 14 SECRETARY OF STATE SECRETARY OF STATE
Dated	May 26  Seoffrey M. W. Signature of a met	2011  Ay re Authorised Representative of a member  Geoffrey M. Wayne  The printed name of signee	ine ghember

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Filing Fee: \$25.00