

L14000101869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

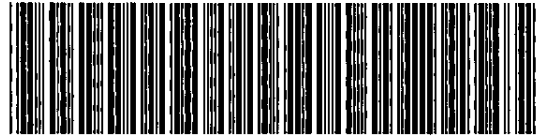
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
DEC 23 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beasts & Barbells, 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:

Addison Walker
Name of Person

Beasts + Barbells, LLC
Firm/Company

210 NW 5th Street
Address

Okeechobee, FL 34972
City/State and Zip Code

ofc247@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Addison Walker at (863) 357-1132
Name of Person Area Code Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Beasts + Barbells, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/12/16 and assigned Florida document number L14000101869.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

210 NW 5th Street
Okeechobee, FL 34972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Addison Walker

New Registered Office Address:

210 NW 5th Street

Enter Florida street address


Okeechobee, 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

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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>
MGR	William Westergan	3100 Medical Way	<input type="checkbox"/> Add
		Sebring, FL 33870	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Addison Walker	210 NW 5th Street	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOE Bennett	210 NW 5th Street	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donna Wildes	210 NW 5th Street	<input type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 12/12/16 (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 12/12, 2016

WF Westergom
Signature of a member or authorized representative of a member

William Westergom
Typed or printed name of signee