

10/22/23, 1:01 PM

Division of Corporations

L23000368490

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 : MAS FINANCIAL GROUP INC
Account Number : I20070000101
Phone : (954)873-9018
Fax Number : (800)559-9305

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

Email Address: OSSE.MASFINANCIALGROUP.COM

RECEIVED

2023 OCT 23 11:10:14

STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEEPRO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 OCT 23 11:12:09

T. LEMIEUX

OCT 24 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEEPRO, 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 10/11/2023 and assigned
Florida document number L23000468448

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:

2719 OAKMONT CT

(Principal office address MUST BE A STREET ADDRESS)

WESTON, FL 33332

Enter new mailing address, if applicable:

2719 OAKMONT CT

(Mailing address MAY BE A POST OFFICE BOX)

WESTON, FL 33332

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:

New Registered Office Address:

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

