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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF SIGNEDA

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COVER LETTER

TO: Registration Se Division of Cor			
	erties, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Beverly Pascal		
		Name of Person	
·	BEPE Properties, LLC		
		Firm/Company	
	14039 NW 17 ave		
	.*	Address	
	Miami, FL 33167		
		City/State and Zip Code	
	E-mail address: (to be used for fi ture annual report notification)	
For further information c	oncerning this matter, please c	all:	T
Beverly Pascal		954 945-4009 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	COADE H	-
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	,
	ING ADDRESS:	STREET/COURIER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEPE Properties, LLC				
(Name of the Limited Liability Co (A Florida Lim	ompa iv as it now appears on our records.) ited I iability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on December 29, 2004 and assigned			
Florida document number L04000094324				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
BEPE Real Estate Solutions, LLC				
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 ADDRES.	S)			
Enter new mailing address, if applicable:	P.O. Box 681698			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FI 33168			
	ed office address on our records, enter the name of the new			
registered agent and/or the new registered office address	s here:			
•	ARE JU			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida P			
	City Tin Colla			

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		June 1 2016				
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Filing Fee: \$25.00