08000021898

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900171466649

03/10/10--01015--020 **30.00

DIVISION OF CORPORATION

T. HAMPTON MAR 1 1 2010

EXAMINER

COVER LETTER

Registration Section

TO:

Division	of Corporations	
SUBJECT:	BEECHE CLOTHING & ALL SERVICES LLC Name of Limited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	ANGELEATIA CARTER	
	Name of Person	
	BEECHE CLOTHING & ALL SERVICES LLC	
	Firm/Company	
	1267 NW 31 AVE	
	Address	
	FT LAUDERDALE FL 33311	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
	Name of Person	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
\$25.00 Filing	Fee \$\sumset\$\	ed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEECHE CLOTHING	& ALL SERVI	CES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appea I Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	02/29/2008	and assig	ned
Florida document numberL08000021898				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company he	<u>re</u> :		
BEECHE MANAGEMEN	T & ALL SERVIO	CES LLC		
The new name must be distinguishable and end with the words "Li" L.L.C."	mited Liability Compa	any," the designation "L	LC" or the abl	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				=
			<u> </u>	SE
			10 MAR	2
Enter new mailing address, if applicable:			=======================================	953
(Mailing address MAY BE A POST OFFICE BOX)			70	300
			- I	S.G.
			- <u>X</u>	AΣ
B. If amending the registered agent and/or registered		our records, <u>enter tl</u>	he name of	the new
registered agent and/or the new registered office address he	ere:			<i>(</i>)
Name of New Registered Agent:				· - ·-
New Registered Office Address:	n	. 101 11 11		
	Er	nter Florida street addi	^ess	
		, Florida	2: 0.1	
	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

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

MGR = Manager

	Name	Address .	Type of Action
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Remove
		***	Add
			Add Remove
			Add Remove
			AddRemove
			<u></u>
	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
lf ameno			
f ameno			
f ameno 			10 KA
f ameno			DIVISION OF C
If amend	•		5
	sorch 5th 20	10)	DIVISION OF CORPORAT
	sarch 5th 20	10)	5

Page 2 of 2

Filing Fee: \$25.00