## L09000050905

(Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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C. LEWS OCT 2 6 2010 EXAMINER

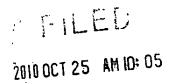
## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Beaulien Financial Services, LCC  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:					
Brian Beaulien  Name of Person  Beaulieu Financial Services, LCC  Firm/Company  2804 Del Prado Blvd. 5 Ste 105  Address  Cape Coral Fl 33904  City/State and Zip Code  bbeaulieu @ Cfiernail. Com					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Brian Beaulier at (239) 540-2805  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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



Beautien F	inqueial Services, LCC DECRETARY OF STATE
(Name of the Limited Liab (A Flori	inquela Services, LCC SIGNETARY OF STATE sility Company as it now appears on our records.) TALLAHASSEE, FLORIG ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L09000509</u>	ty Company were filed on <u>May 26, 2009</u> and assigned 05.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	<u>limited liability company here</u> :
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or re registered agent and/or the new registered office:	egistered office address on our records, <u>enter the name of the new</u>
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 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 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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walter H Foster IV	115 South Fielding Ave Tampa, Fl. 33406	Add ☐ Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ry.) 
-			ZOUR OCT
	Octobr, 20, , 20	10	25 MB
		e au lieu	e OS
	Typed	d or printed name of signee	

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Filing Fee: \$25.00