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2009 AUG 18 AM 11:04
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T. CLINE

AUG 19 2009

EXAMINER

COVER LETTER

SUBJECT;	Beechne	r & Englert LLC		
		ted Liability Company		
. The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	•	
Please return all corresp	ondence concerning this matter	to the following:		
	Laurie Beechner Name of Person			-
	Во	Beechner & Englert PL Firm/Company		
	3564 Ava	3564 Avalon Park Blvd E. Ste 1 #266 Address		
		Orlando, Fl 32828 City/State and Zip Code		2009 AUG 18 SECRETARY
	contac E-mail address: (t	ct@beechnerenglert.com o be used for future annual report notifica	ation)	SSEE S
For further information	concerning this matter, please c	all:		AH 11: 04 SEE, FLORIDA
Laurie Beechner at (_4 Name of Person		at (<u>407)</u> 5 Area Code & Daytime	512-4394 Telephone Numbe	
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)	Certifie	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

> 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

Beechner &	Englert LLC		
(<u>Name of the Limited Liability Compa</u> , (A Florida Limited I	Liability Company)	orus.	
The Articles of Organization for this Limited Liability Company were filed on			
Florida document number <u>L0900066286</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Beechner & E	Englert PL		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designment	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3564 Avalon Park Blvd 8	E Ste 1 #266	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl 32828	TASE CALL	
Enter new mailing address, if applicable:	3564 Avalon Park Blvd E	E. Ste 17#266	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl 32828	B	
B. If amending the registered agent and/or registered of		enter the name of the nev	
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	ireet aadress	
 	, Flo	zip Code	
	City	zip Coae	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Address **Type of Action Name** Remove □ Add ☐ Remove ☐ Add ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We now have a Fed EIN #. It is 27-0528384 ssional Service is legal Services. August 12 2009 Dated Signature of a member or authorized representative of a member Laurie D. Beechner
Typed or printed name of signee

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Filing Fee: \$25.00