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ECRETARY OF STATE LAHASSEE, FLORIDA

D. BRUCE

DEC 1 2009

EXAMINER

COVER LETTER

' Division of Co	orporations					
SUBJECT:	Beson Car	oital Group, L.L.C.				
SUBJECT.		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	oondence concerning this matter	r to the following:				
		Steven M. Beson				
		Name of Person				
	Bes	on Capital Group, L.L.C.				
	Firm/Company					
	19	9095 Winslow Terrace				
		Address				
	-	D D-to- El 22424		≱ g	99	
	Boca Raton, FL 33434 City/State and Zip Code			L _C C	05 NOV 30	-
	ste	evenbeson@msn.com		TAI	V 3	
	E-mail address: (to be used for future annual report notific	ation)	SEE RY C		
For further information	concerning this matter, please of	eall:		OF STATE E, FLORID	PM 1: 07	
s	teven Beson	at (305) 3	60-3240	ATE RID/	07	
Name of Person Area Code & Daytime Telephone Number			Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		sed)
Regist	LING ADDRESS: tration Section	STREET/COURIE Registration Section Division of Compare				

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Group, L.L.C.			
(Name of the Limited Li (A F)	ability Compa orida Limited I	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on Sept	ember 14, 20	09 and assigne	ed
Florida document numberL09-88924	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ited Liability Company,	" the designation '	'LLC" or the abbr	eviation
Enter new principal offices address, if applicable:		19095 Winslow	Тептасе		
(Principal office address MUST BE A STREET)	ADDRESS)	Boca Raton, FL	33434	OS NOV	
Enter new mailing address, if applicable:		19095 Winslow	Теггасе	30 ARY SSE	? (
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Boca Raton, FL	33434	PM I: 0	
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter	DA DA	<u>ie new</u>
Name of New Registered Agent:					
New Registered Office Address:	19095 Wins	low Terrace			
			Florida street ad		
	В	oca Raton	, Florida _	33434	
		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 of 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'= M	anager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			AddRemove
, - , - , - , - , - , - , - , - , - , -			Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets,	if necessary.) O9 NOV 30 PM SECRETARY OF ALLAH ASSEE, F
			STATE LORIDA
Dated	November 25	2009	
	Stew	Besond	
	Signature of a m	ember or authorized representative of a memb	er
		Steven M. Beson Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00