## L09000093414

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SECRETARY SECTION

M. MILLIGAN EXAMINER

DEC -4 2014

## **COVER LETTER**

	ision of Corp			
SUBJECT:	Beauclip	LLC		
ebsect.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Dominic Beaulieu		
			Name of Person	·····
		Beauclip LLC		
			Firm/Company	<del></del>
		4644 NW 7th Place		
			Address	
		Deerfield Beach FL	33442	
			City/State and Zip Code	
		dominic@beauclip.co		· · · · · · · · · · · · · · · · · · ·
or further ir	iformation co	e-mail address: (	to be used for future annual report notifall:	ncation)
Lorraine l	3eaulieu		954 683-7149	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Beauclip LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TO TO

The Articles of Organization for this Limited Liability Company	were filed on 9/28/2009	and assigned
Florida document number L09000093414		50.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4644 NW 7th Place	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beach FL 33442	
Enter new mailing address, if applicable:	4644 NW 7th Place	
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield Beach FL 33442	
B. If amending the registered agent and/or registered or registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rodrigue Beaulieu	5493 NW 39th AVE	
		Coconut Creek FL 33073	■ Remove
MGR	Lorraine Beaulieu	5493 NW 39th AVE	
		Coconut Creek FL 33073	■ Remove
MGR	Dominic C Beaulieu	4644 NW 7th Place	<b></b> Add
		Deerfield Beach FL 33442	□ Remove
MGR	Ellen V Beaulieu	4644 NW 7th Place	Add
		Deerfield Beach FL 33442	□ Remove
			Add To Add
			□ Remove

amending any other information, enter change(s) here: (Attac	
e effective date must be specific, cannot be prior to date of receipt or filed date at	(optional) ad cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date as the date this document is filed by the Florida Department of State)	(optional) de cannot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date as the date this document is filed by the Florida Department of State)	(optional) ad cannot be more than 90 days after
ffective date, if other than the date of filing:  ne effective date must be specific, cannot be prior to date of receipt or filed date as the date this document is filed by the Florida Department of State)  ated  November 12th  Signature of a member or authorized repr	d cannot be more than 90 days after

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Filing Fee: \$25.00

