## L09000107411

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C. LEWIS

APR 2 1 2010

EXAMINER

COVER LETTER				
TO: Registration Section Division of Corpor				
SUBJECT: MAN	SERVICES LCC (Changing to De LLC			
	Name of Limited Liability Company			
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.			
Please return all corresponde	ence concerning this matter to the following:			
	Matthew A. Wingeart  Name of Person  BEVINCO UT Jacksonville LLC			
-	BEVINCO UF Jacksonville LLC			
	2977 Mandarin Hollow Dr.			
	Jax . FL 32257  City/State and Zip Code			
-	May 03 hag Mail. com  E-mail address: (to be used for future annual report notification)			
For further information conc	cerning this matter, please call:			
Matthow A	Area Code & Daytime Telephone Number			
Enclosed is a check for the f	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED

2010 APR 19 PH 22 47 SECRETARY OF STATE Company as it now appears on our records LAHASSEE, FLORIDA imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L09000167411 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEVINCO of Jack Sonville LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If ame	Also Changed leg.	se(s) here: (Attach additional sheets, if necessary)  Stered Agent Nowe  MClosed.	
· -		Trank You!	ZIII APR 19 PH 22 47 ZIII APR 19 PH 22 47 TALLAHASSEE, FLORIG
Dated	STA	<u>)10                                    </u>	TALLAHASSEE. FLORIOA
	Matthew	r or authorized representative of a member	

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Filing Fee: \$25.00