10900/16739

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EXAMINER

COVER LETTER

	gistration Sect vision of Corpo				
SUBJECT:		BESE EN	ITERPRISE, LLC		
	- 10 to 10 t	Name of Lim	ited Liability Company		
		mendment and fee(s) are su			
			Eddie Thompson, Sr		
			Name of Person		
BE			SE ENTERPRISE, LLC		
			Firm/Company		
			9660 Richmond Cir		
			Address		
	Boca Raton, FL 33434				A Co
			City/State and Zip Code info@bese-llc.com		1 MAR
		E-mail address:	to be used for future annual report in	otification)	-4 ASS
For further i	nformation con	cerning this matter, please	call:		R-4 AH B-51 TARY OF STATE ASSEE, FLORIDA
	Eddie T	hompson, Sr	at (_561_)	451-2908	AH 45 OF STATI
	Name of P	erson	Area Code & Day	time Telephone Number	DA I
Enclosed is	a check for the	following amount:			
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified (of Status &
MAILING ADDRESS: Registration Section		STREET/COU	RIER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESE ENTER	RPRISE, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>our records.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL09000116739	were filed on1.	2/08/2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9660 Richmond C	Sir <u>S</u> .
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 3	3434
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED AR -4 AN H: 51 ETARY OF STATE HASSEE, FLORID,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Eston El	orida street address
	Enter Fit	n iau sireei adaress
	City	, Florida

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 = Manager

MGRM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			n
			AddRemove
			Add Remove
			Add Remove
	-		Add Remove
		ge(s) here: (Attach additional sheets, if necessary, from a limousine/taxi company to	
	management company		TI MAR -1
-			MH B S
Dated	02/28/2011 ,		A C
	Signature of a meinber		
	Ed Typed	die Thompson, Sr or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00