

L1000002845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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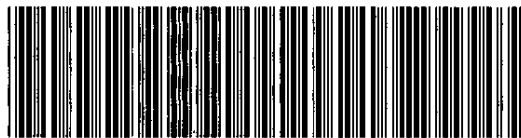
Special Instructions to Filing Officer:

**L. SELLERS**

JUN 21 2010

**EXAMINER**

Office Use Only



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06/18/10--01012--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 PM 12:09

**FILED**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 10101 West SUNRISE BLVD LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEBASTIEN CAUET  
Name of Person

BEZCO LLC  
Firm/Company

8551 West SUNRISE BLVD. #105  
Address

PLANTATION FL 33322  
City/State and Zip Code

SEBASTIEN@CONTACT-USA-Net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIEN CAUET at (254) 332-6090  
Name of Person Area Code & Daytime Telephone Number

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)
- \$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

10101 West Sunrise Blvd LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/01/2010 and assigned  
Florida document number L10000022945.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BEEZCO 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**)

8551 West Sunrise Blvd II 105  
PLANTATION FL 33322

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: BERTILLE HOCQUET  
New Registered Office Address: 8551 West Sunrise II 105  
Enter Florida street address  
PLANTATION, Florida  
City

**FILED**  
10 JUN 18 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, 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.

[Signature]  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANNE MEEHL	8551 W 8TH SUNRISE BLVD. # 105 PLANTATION FL 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SEBASTIEN CAUET	8551 W 8TH SUNRISE BLVD # 105 PLANTATION FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_,

*Anne Meehl*

Signature of a member or authorized representative of a member

ANNE MEEHL

Typed or printed name of signee