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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

SEP - 9 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJE	CCT:	BECI HO	LLYWOOD LLC		
		Name of Limit	led Liability Company		
The end	closed Articles of Amend	iment and fee(s) are sub	mitted for filing.		
Please	return all correspondence	e concerning this matter	to the following:		
		· F	Philip C. Rosen, Esq.		
			Name of Person		
	Bloomgarden Goudreau & Rosen, P.A.				
			Firm/Company		
		8551 West	: Sunrise Boulevard, Suite 2	08	
			Address		
	Fort Lauderdale, FL 33322				
•	City/State and Zip Code			- 18 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		P-mail address: (t	crosen@lawbgr.com o be used for future annual report notific	etion	
				ation	
For fur	ther information concern	ing this matter, please c	all:		
	Philip C. R	osen, Esq.	at (954) 3	370-2222	
	Name of Perso	n	Area Code & Daytime Telephone Number		
Enclose	ed is a check for the follo	owing amount:			
\$25	.00 Filing Fee \$\bigcup\$	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

	HOLLYWOOD LLC		
(Name of the Limited Liabi	lity Company as it now appear la Limited Liability Company)	rs on our records.	<u>=</u>
(A FIOR	ia cinned ciability Company)		NSE ASE
The Articles of Organization for this Limited Liability	y Company were filed on	03/12/2010	Signed Signed
Florida document number L10000027965			937 937
Tiorida document number	 '		9 075
			OF STATE
This amendment is submitted to amend the following	•		5 PR ST
•			
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	re:	- 0
•			0,
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Comp	pany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
•		· · · · · · · · · · · · · · · · · · ·	
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, enter	he name of the new
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
Traine of the strength of the			·
New Registered Office Address:			
	E	nter Florida street ada	lress
	City	, Florida	Zip Code
	cny	•	LID COUR

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

MGKM -	Managing Mêmber		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	- 		Add Remove
•			Add Remove
<u></u>			Add Remove
			Add Remove
-			Add Remove
	ding any other information, enter chang correct the Manager's name to read	ge(s) here: (Attach additional sheets, if necessary.) 1: Zwertvaegher, Maurice Jean	. 91V1S
			FIL SECKETARY ISION OF C
			ED STATE GRPORATE AH IO: 8
Dated	September 7 , 20	010 .	TIONS
	Signature of a membe	r or authorized representative of a member	
	Philip C. Rose	n, Authorized Representative	
	Typed	l or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00