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K.SALY EXAMINER FEB 15 2012

COVER LETTER

TO: Registration S Division of Co		·			
SUBJECT:	BEKA	MEDIA, LLC			
50 5 0 5 0 5 0		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
		Joseph A. Spiriti Jr.			
		Name of Person			
	Caserta & Spiriti				
		Firm/Company			
	7855	NW 12th Street, Suite 21	8		
		Address			
		Doral/Florida 33126			
		City/State and Zip Code			
	F-mail address:	jspiriti@csgfirm.com to be used for future annual report no	titication)		
For further information	concerning this matter, please of		micanony		
	eph A. Spiriti Jr.	at (305) Area Code & Davi	463 8808 ime 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

FILED: 12 FEB 13 AM II 58

BEKA ME	DIA, LLC	SEGRET	ARY OF CLASS
Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	s on our records. AHA	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	03/24/2010	_ and assigned
Florida document numberL10000032326			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	;	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	6073 NW 167	th Street, Unit C1	
(Principal office address MUST BE A STREET ADDRESS)	Miami Florida	33015	
Enter new mailing address, if applicable:	6073 NW 1671	th Street, Unit C1	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Florida	33015	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on ou e:	ır records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
	-		4

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

ĩ,

MGR = Manager

<u>e</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add
			Remove
			□Add □Remove
			Add Remove
If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			<u>. </u>
_			
	February 9, 20	12	

Page 2 of 2

Filing Fee: \$25.00