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(Re	equestor's Name)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phon	ue #)
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SECRETARY OF STATE TALLAHASSEE, FLORIG

T. CLINE
JUL 28 2010

EXAN

COVER LETTER

SUBJECT:		be23, LLC			
, (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Name of Limi	ited Liability Company			
•			•		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:	•		
		James Hammond			
•		Name of Person		-	
		Cube23, LLC		•	
		Firm/Company	_	•	
• •	-	4427 SW 1st Place			
•	· · · · · · · · · · · · · · · · · · ·	Address		•	
		Cape Coral, FL 33914		TALLAHASS	i nast <u>i</u> ,
		City/State and Zip Code	. 1911		
	J	ames@cube-23.com to be used for future annual repo		21 ASS	-
	E-mail address: (to be used for future annual repo	ort notification)	~~ 1 ~~ ~	Ę.,
For further information cor	ncerning this matter, please o	eali:		PH 1: 10 of STATE of FLOKION	,
Jame	s Hammond	at (_239)	699-0802	一	
Name of I	Person		Daytime Telephone Numbe	r	
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 en		ate of Status &	

Registration Section
Division of Corporations

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

Cube2		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on05/26/2010	and assigned
Florida document number <u>L10000057042</u>	·	
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 "Lim	ited Liability Company," the designation	"LLC" or the abbreviation
"L.L.C."		FS E
Enter new principal offices address, if applicable:	4427 SW 1st Place	LECO 2
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33914	75 N F
		PR PR
Enter new mailing address, if applicable:	4427 SW 1st Place	95
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33914	<u> </u>
•		
To the same allow the second and are a self-or model and a	90ddu on our ussands onton	the name of the name
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
	_	
Name of New Registered Agent:		
Navy Desistand Office Address		•
New Registered Office Address:	Enter Florida street aa	ldress
	What is a second of the second	
	, Florida	Zin Code

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Derek Anderson	1509 Graduate Ct.	Add
		Lehigh Acres, FL 33971	
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			n Database
<i>:</i>			Add Y
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D. If ame	nding any other information, en	ter change(s) here: (Attach additional sheets,	if necessary.)
· ,	<u> </u>		
			
Dated			
÷ .	Signature of	a member or authorized representative of a member	er -
•		James Hammond	· · · · · · · · · · · · · · · · · · ·
	· .	Typed or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00