# 1100000093435

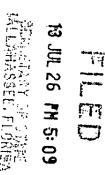
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# **COVER LETTER**

TO: Registration So Division of Con		,	
SUBJECT:	B&C GRANE	TE WORKS, LLC ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BEATREZ	RAZO	
		Name of Person	26 T
		Firm/Company	26 7 7 7
		Firm/Company	न् ए
	916 AUR	IORA RO.	
		Address	City Co.
	MELBO	URNE FL 329	135
		City/State and Zip Code	
	E-mail address: (1	City/State and Zip Code  The works e amo  To be used for future annual report Abilicat	ail.com
For further information of	concerning this matter, please ca	all:	
Beatri z	Pazo Gomez	at ( 321) 271-60 Area Code & Daytime To	647 elephone Number
	•	·	·
Enclosed is a check for t	he 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

# BEC GRANTE WOERS LIC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

9-3-2010 The Articles of Organization for this Limited Liability Company were filed on and assigned 110000093435 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address City Zip 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 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 Name Address Type of Action

MGRM LARTSSA GOMEZ 916 AURORA RD

MELBOURE FL

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O. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · •
Dated	18 July 2013,
	Beatre & Long
	Signature of a member of authorized representative of a member
	BEATEZZ R- GOMEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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