## L:110000002762

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JUL 5 2011

## **COVER LETTER**

	Registration S Division of Co			
SUBJECT: MBM GLOBAL COMMODITY TRADERS, LLC				
Name of Limited Liability Company				
The enck	osed Articles of	`Amendment and fee(s) are sub	bmitted for filing.	
Please re	turn all corresp	ondence concerning this matter	r to the following:	
			Bill Woodis Name of Person	
		Beacon	Accounting and Tax Service	
			Firm/Company . 3221 Highway 389	2011 SET TALL
Address		2011 JUL -1 AM 8: 44 SECRETARY OF STATE TALL-AHASSEESFLORID		
	Panama City, FL 32405  City/State and Zip Code			
	billwoodis@comcast.net  E-mail address: (to be used for future annual report notification)			STATE LORI
For further	er information	concerning this matter, please of	·	A Part of the second of the se
Bill Woodis Name of Person			at ( 850 ) 2  Area Code & Daytime	15.7243 Telephone Number
Enclosed	is a check for t	he following amount:		
<b>₹2</b> 5.0	0 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MBM GLOBAL COMMODITY TRADERS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/07/2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000002762 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: BEEFCO GLOBAL, 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) 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 Fiorida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove \_\_\_ Add Remove ☐ Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary); Dated \_\_\_\_\_ June 28 2011 , Signature of a member or authorized representative of a member Bill Woodis

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00