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COVER LETTER

TO:	Registration Sect Division of Corpo		. ug	
SURIE	СТ:	BECO MARII	NE HOLDINGS, LLC	
SUBJE	CI:		ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
			RAUL SOCARRAS	
			Name of Person	
		R	AUL SOCARAS, P.A.	
			Firm/Company	
		3708	SOUTH CONWAY ROAD	
			Address	· · · · · · · · · · · · · · · · · · ·
		(ORLANDO, FL 32812	
			City/State and Zip Code	
		dga	arcia2374@gmail.com	
For furt	her information con	e-man address: () cerning this matter, please c	to be used for future annual report not	irication)
	DANIE	EL GARCIA	at (407)	616-0908
	Name of P	erson	Area Code & Daytin	ne Telephone Number
Enclose	d 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BECO N	MARINE HOLDINGS,	LLC	
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	JUNE 20, 2011	and assigned
Florida document numberL1100007136			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
The new name must be distinguishable and end with th 'L.L.C."	ne words "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	F	nter Florida street addre	255
	E	, Florida	
_	City	, FIOI IQA	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 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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	R&S CAPITAL GROUP,LL	3708 S. CONWAY ROAD ORLANDO, EL 32812	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessar	ry.)
			SECRETA
 Dated	December 16 , 20	11	PM & 11 BY OF STATE SSEE FLORID
		or au socarras Rau Socarras or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00