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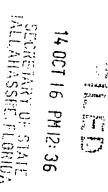
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEWAR IN ED Now, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
LEON ROY HAUSHANN Name of Person
BEWARNEDNOW, LLC
2719 HOLLYWOOD BLUD
HOLLYWOOD, IFL 33020 City/State and Zip Code
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited (A	Liability Company Florida Limited Lia	as it now apper	ars on our record	<u>ls.</u>)		
The Articles of Organization for this Limited Liab Florida document number L 1100011			10102		nd assig	;ned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liabili	ty company l	nere:			
The new name must be distinguishable and end with the wo	rds "Limited Liabili	ty Company," th	e designation "LL	.C" or the abbrevia	ıtion "L.I	L.C."
Enter new principal offices address, if applicab	le:			· -,-		
(Principal office address MUST BE A STREET.	ADDRESS)					
				<u> </u>		
				>	007	· · · · · ·
Enter new mailing address, if applicable:		<u> </u>		22 511 00 65 00 65		¹ / ₂ /2/E.E.Y.
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	 .		<u> </u>		<u>।</u> इन्द्रम्
					<u></u>	<u> </u>
B. If amending the registered agent and/or				C mari		vi _{ss} ≓ € the now
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	ce address o	on our record	s, enter me n	anges of	i the new
Name of New Registered Agent:	LEON	204	HAUSM	'AUL		
New Registered Office Address:	2719	HOLL!	YWOOD orida street addres	BLUD	<u> </u>	
	HOL	.u Y Wo	<u>ø⊅</u> , fi	orida <u>33</u> Zip	SO (Code	<u>20</u>

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 605, 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LEON ROY HAVEMANI	U 2719 HOLLYWOOD	
		BLUD, HOLLYWOOD, FL3	3020 □ Remove
	<i>:</i>	USA.	
M6R	HEN PI QUE PEPEL	2714 HOLLYWOOD BLU	D ⊠ Add
		HOLLYWOOD, FL 330	20 Remove
			<u>.</u>
MER	CARLOS HAUSHAUN	2719 HOLLYWOOD BL	UD Add
		HOLLYWOOD, FL. 33070	☐ Remove
			14 OCT
H62	DAVIEL SGARBOSA	3411 NW 63TH ST	AGE THE
		M/AMI, FL 33166	Remove
W 6			> မ
HGR	DAVIEL SGARBOSSA	2714 HOLLYWOOD BLUE	Add Add
	•	HOLLY WOOD, FL 3302	<u>⊃</u> □ Remove
	·		
		·	□ Add
			□ Remove
		•	

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anot be prior to date of receip	ot or filed date and cannot be	(optional) more than 90 days after
,,	·	
2 Nov		
Signature of a member or	authorized representative of	f a member
I	ne date of filing: Innot be prior to date of receip Florida Department of State)	ne date of filing: nnot be prior to date of receipt or filed date and cannot be Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

14 UCT 16 PM 12: 36 SECRETARY OF STATE TABLEAHASSEFT FLORID