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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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م	· · · · · · · · · · · · · · · · · · ·	COVER LETTER
TO:	Registration Section Division of Corporations	
SUBJE	ct: <u>Being Cou</u>	Name & Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ared Rhoden12cr Name of Person Being Country Firm/Company 200 Meadow St. SE Address Live Oak, FC 32064 City/State and Zip Code Dored Thudenizer @ gmail. Lom E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared Rhodenizer at (<u>346</u>) <u>349.4460</u> Area Code & Daytime Telephone Number

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 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

		DF AMENDMENT TO F ORGANIZATION	
		OF	
B	leing Country	JLLL mpany as it now appears on our records.) red Liability Company)	
( <u>Nam</u>	ie of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
		any were filed on 02/10/12	and assigned
Florida document number $\frac{L/2}{2}$			
This amendment is submitted to	amend the following:		
A. If amending name, <u>enter th</u>	he new name of the limited l	liability company here:	
BEINGSE	EN MARKETING	F LLC	
The new name must be distinguish "L.L.C."	hable and end with the words "I	Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices ad	ldress, if applicable:		
(Principal office address MUS)	<u>T BE A STREET ADDRESS</u>	<u>.</u>	
Enter new mailing address, if			
(Mailing address MAY BE A P	<u>OST OFFICE BOX)</u>		·· ····· · · · · · · · · · · · · · · ·

		IAL	12	
Name of New Registered Agent:		FO		11.200 Starty
		27 FN		
New Registered Office Address:		TA A	N	
	Enter Flor	rida street address -<	0	1
		÷ ho	Pž	
		_, Florida;		
	City	din C	ode	
New Registered Agent's Signature, if changing Reg	zistered Agent:		9	

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

Page 1 of 2

If antending 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 = Man MGRM = M	ager ) anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u></u>	<u> </u>		Add Remove
<u>.</u>		<u></u>	Add Remove
			Add Remove
D. If amendi		(s) here: (Attach additional sheets, if necessary.)	_
		· · · · · · · · · · · · · · · · · · ·	
		······	
Dated 02		or authorized representative of a member	
-	JARED RHODE	NIZER	
	. Typed o	Page 2 of 2	
	Fil	ing Fee: \$25.00	

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