

L120000023639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

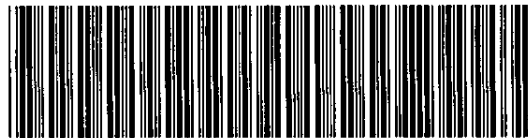
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
NOV 8 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**BEAST MODE BATTLE**

**SUBJECT:** \_\_\_\_\_  
Name of 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:

**JUSTIN SCHWEIGHARDT**

\_\_\_\_\_  
Name of Person

**BEAST MODE BATTLE LLC**

\_\_\_\_\_  
Firm/Company

**8153 NW 5 ST**

\_\_\_\_\_  
Address

**CORAL SPRINGS, FL, 33071**

\_\_\_\_\_  
City/State and Zip Code

**JAS8346@AOL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -7 AM 8:22

For further information concerning this matter, please call:

**JUSTIN SCHWEIGHARDT**

**954 540-8581**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BEAST MODE BATTLE LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 2-16-12 and assigned  
Florida document number L12000023639.

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)**

8153 NW 5 ST

CORAL SPRINGS, FL, 33071

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8153 NW 5 ST

CORAL SPRINGS, FL, 33071

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**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*

\_\_\_\_\_, Florida \_\_\_\_\_

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 Changing Registered Agent, Signature of New Registered Agent**

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin Schweighardt	8153 NW 5 ST	<input type="checkbox"/> Add
		CORAL SRPINGS, FL, 33071	<input type="checkbox"/> Remove
MGRM	Will Vogt	4710 NW 114 AVE	<input type="checkbox"/> Add
		SUNRISE, FL, 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE FOLLOWING ITEMS ARE WHAT WE NEEDED AMENDED:

PRINCIPAL AND MAILING ADDRESS AND BOTH ADDRESSES FOR

WILL AND JUSTIN (ONLY MANAGING MEMBERS). THANK YOU.

Dated NOVEMBER 5, 2012

Signature of a member or authorized representative of a member

Justin Schweighardt

Typed or printed name of signee

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Filing Fee: \$25.00

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