## L12000113779

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Districtor Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300252806003

10/21/13--01012--025 \*\*25.00

2013 OCT 21 PH 12: 05 SECNETARY OF STATE

N CHIESE DET 23 2001

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

Bevdaq LLC

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:

Arie Gurevitch

Name of Person

Bevdaq LLC

Firm/Company

1035 W Heritage Club Dr.

Address

Delray Beach, FL. 33483

City/State and Zip Code

agurevitch73@gmail.com

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

For further information concerning this matter, please call:

Arie Gurevitch

 $at \, (\underbrace{803 \, 319\text{-}6145}_{\text{Area Code \& Daytime Telephone Number}}$ 

Name of Person

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

FILED

2019 OCT 21 PH 12: 05

SECRETARY OF STATE
TALL APASSEE, FLORIDA

Bevdaq LLC			
( <u>Name of the Limited</u> (A	Liability Compa	ny as it now appe	ars on our records.)
The Articles of Organization for this Limited Li Florida document number L12000113779			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	oility company h	ere:
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		3644 Whisp	pering Cypress Lane
(Principal office address MUST BE A STREET ADDRESS)		Boynton Be	each, FL 33435
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3644 Whispering Cypress Lane Boynton Beach, FL 33435	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<u>'e</u> :	our records, enter the name of the new
New Registered Office Address:	3644 Whis	pering Cypres	s Lane
New Registered Office Address.	Enter Florida street address		
	Boynton Be	each	, Florida <u>33435</u>
		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>	Name	Address	Type of Action
MGRM	John Taddeo	2521 NE 46th St.	<b>√</b> Add
		Lighthouse Point, FL	Remove
		33064	
			Add
			Remove
			Add
			Remove
			<del></del>
			Add
			Remove
	<del></del>		Add
			Remove
			Add
			Remove

<ol> <li>If amending any other information,</li> </ol>	, enter change(s) here: (Attach additional sheets, if necessary.)
October 12	2013
Signatur	re of a member or authorized representative of a member
Arie Gurevitch	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

