L13000049298

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
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(Bus	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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COVER LETTER

10:	Division of Corp		• .	•
~	I COTT	Beadle	Enterprises LLC	
SUBJE	CI:	Name of Limit	ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Dianna Wood	
			Name of Person	
			Bryan Cave LLP	SUG TO
			Firm/Company	R ₂
		3500 (One Kansas City Place, 1200 Main S	Street
		 	Address	E S S S S S S S S S S S S S S S S S S S
			Kansas City, MO 64105	ORIGINA ORIGINA
			City/State and Zip Code	7
			dlwood@bryancave.com	
		E-mail address: (t	o be used for future annual report notification	on)
For fur	ther information of	oncerning this matter, please c	all:	
Diann	a Wood		816 374-3292	
	Name of	f Person	Area Code & Daytime Te	lephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	dle Enterprises		50 H
(Name of the Limited (A	Liability Com A Florida Limite	pany as it now appears on our records.) d Liability Company)	THE B. SU
The Articles of Organization for this Limited L Florida document number L13000049298	iability Compa	any were filed on April 3, 2013	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited li	iability company here:	
n/a			
The new name must be distinguishable and end wi "L.L.C."	th the words "L	imited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if application	cable:	n/a	
(Principal office address MUST BE A STREE	ET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	n/a	
B. If amending the registered agent and registered agent and/or the new registered of			r the name of the new
Name of New Registered Agent:	n/a		
New Registered Office Address:		Enter Florida street o	uddress
		-	
		, Florida	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 MGKM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Curtis L. Beadle	917 NE 1st Street	Add
		Pompano Beach, FL 33060	Remove
MGRM	Curtis L. Beadle	917 NE 1st Street	Add
		Pomano Beach, FL	Remove
			_
			Add
			Remove
			_
.			Add
			Remove
			_
			Add
			Remove
			
			Add
			Remove

•				
_	 			
_	 			
April	,	2013	-	
 April_	 Signature of a		orized representative	s L BEAOI

Page 3 of 3

Filing Fee: \$25.00