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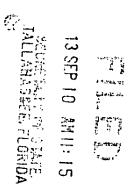
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	EVERIY OBRIX Name of Limit	ed Liability Company	<del></del>
	Amendment and fee(s) are sub-		
Please return all correspo	endence concerning this matter	to the following:	
	BETERLY P	CRAY  Name of Boscon	
	•		
	BEVERLY FR	PAY LLC Film/Company	
	·	22rd Cf #203	
		Address	
	Lauderhill	PL 333/3	
	bejobrien 50	City/State and Zip Code  Aol. Com o be used for future annual report notification	
For further information of	F-mail address: (to		on)
	-		in the same of the
BEVERLY	FRAY  Person	at (954) 404-4100 Area Code & Daytime Te	lephone Number
·		·	lephone Number
Enclosed is a check for the	he following amount:		>
<b>1</b> \$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

BEVERLY OBRIEN 12C

(Name of the Limited Liability Comp	pany as it now appears on ou	r records.)
(A Fiorida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>£13000//58/6</u> .	ny were filed on Que u	of 16 20/3 and assigned
12000115816		7
Florida document number & 150001100 100.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
BEVERIY FRAY LLC The new name must be distinguishable and end with the words "Lin		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	//	
		<u></u>
		SE SE
Enter new mailing address, if applicable:	NIA	- 100 m
(Mailing address MAY BE A POST OFFICE BOX)		TE TO THE PERSON OF THE PERSON
(Mauring duaress MAT BE A 1 931 OF FICE BOX)		
		The second second
B. If amending the registered agent and/or registered	office address on our rec	ords, enter the name of the new
registered agent and/or the new registered office address ho	ere:	<u></u>
	4. 1	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	·	
	Enter Flor	rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			L Add
			Remove
	<del></del>		Add
			OF CIREMOVE
			Add
			Remove
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			Remove

ı, am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
ted	September 9 , 2013.
	Mems churs
	Signature of a member or authorized representative of a member  BANANU FRAG
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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