#1/4000027277

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

Office Use Only



300257779513

03/14/14--01013--014 **25.00

2014 MAR 14 PM 3: 24

FILED

K. SALY EXAMINER

MAR 2 0 2014

COVER LETTER

TO:		istration Sect sion of Corpo				
SUBJE	·CT·	Articles of	Amendment to Articles	of Organization for Bea	acon Holdings, LL	.C
COLUL			Name of Limi	ted Liability Company		
The end	closed	Articles of A	mendment and fee(s) are sub	nitted for filing.		
Please 1	return	all correspond	lence concerning this matter	to the following:		
			John J. Aglia	ano		
				Name of Person		
			Beacon Hold	dings, LLC		
				Firm/Company	 .	
			201 N. Franl	klin Street , S	Suite 3200)
				Address		
			Tampa, Flor	ida 33602		
				City/State and Zip Code		
			jagliano@burr.co	o be used for future annual re	port notification)	
For furt	ther in	formation con	cerning this matter, please ca	ıll:		
Joh	n .	J. Aglia	ano	at (813) 22	21-2626	
		Name of P	erson	Area Code	Daytime Telephone N	umber
Enclose	ed is a	check for the	following amount:			
\$25	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer sed) Cer	00 Filing Fee, tificate of Status & tified Copy litional 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

2014 MAR 14 PM 3:24

FALLAHASSEE. FLORIDY.

Beacon Holdings, 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 Con	mpany were filed on 02/17/2014	and assigned
Florida document number L14000027277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	CSS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	·
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David W. Sussman	100 Morton Street	🖬 Add
		New York, NY 10014	□ Remove
			Add
			□ Remove
			□ Add
			□ Remove
			Add
			□ Remove
			□ Add
			□ Remove
 			Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,					
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	e of filing: prior to date of receipt or filed date and cannot be Department of State)	(optional) be more than 90 days after			
Dated March 13	2014				
	sature of a member or authorized representative	of a member			
John J. Agliano		of a member			
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00