L14000076576

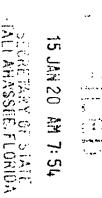
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000268411140

01/20/15--01007--010 **25.00



COVER LETTER

TO: Registration Section • 4 Division of Corporations
SUBJECT: BEAST MODE LLL.
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:
KYLE OLINGER Name of Person
BEAST MODE LLL. Firm/Company
4309 CRAIG RD Address
AUBURNDALE, FL 33823 City/State and Zip Code
AUBURNDALE, FL 33823 City/State and Zip Code Kelly a jenn 999@yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 274 - 6252 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\B

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 mod			
(<u>Name of the Limite</u>	d Liability Compa: A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lia Florida document number	530 . wing:		and assigned
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and end with the w	ords "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered off	r registered of ice address here	:	
Name of New Registered Agent:	N/A		15
New Registered Office Address:	N/A	Enter Florida street address	
New Registered Agent's Signature, if changing Ro	egistered Agent:		SS Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the properaccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	agent and agre r and complete p ered agent as p egistered office of hange.	performance of my duties, and I are rovided for in Chapter 605, F.S. C	n familiar with and r, if this document is limited liability

Page 1 of 3

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> **Type of Action** <u>Name</u> <u>Address</u> ZANE BILLINGSBY 3924 SE8th St XAdd AMBR 0(ala, FL 34471 _ Remove □ Add □ Remove □ Add □ Remove □ Add <u>~</u> □ Add _□ Remove

` -	·N/A
-	
-	
	ive date, if other than the date of filing:
ed	January 15, 2015.
ed	3
ted	3
ted	January 15, 2015. Lyw Olive Signature of a member or authorized representative of a member Lyle Olinger Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

HALLS BO ANNE SHORT