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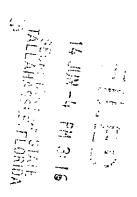
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE BEEZE KNEEZE 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:
Renee gold A-widman
Paytwity Park Film/Company
2324 WINSLOE DR
City/State and Zip Code Play tivity Park a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenel and a-widnay at 721, 742 - 1919 Name of Person at 721, 742 - 1919 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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

now appears on our records. The Articles of Organization for this Limited Liability Company were filed on and assigned 14000076023. Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: ... (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.\$. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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:

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Actio
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date a the date this document is filed by the Florida Department of State)	(optional) nd cannot be more than 90 days after
Dated 6/2/14,	•
	. A.
Race goldar	udrie
Signature of a member of authorized rep	resentative of a member
Rence golda-widnay Typed or printed name of	,

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSE PARASIS