

L14000121213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

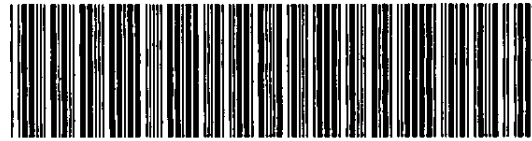
(Document Number)

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OK to complete  
doc per Chris  
10/6/17

Office Use Only



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10/06/17--01004--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 OCT -5 AM 11:25

M. MILLIGAN  
OCT - 6 2017

RECEIVED  
2017 OCT -5 AM 9:30  
TALLAHASSEE, FLORIDA

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

Besaw Carpentry & Interiors LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Christopher E. Besau  
Name of Person

Firm/Company

5654 Beale Ford Rd

Address

Page FL. 3257

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Christopher Benson at (407) 968-5085  
Name of Person Area Code Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

☒ \$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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

TO  
ARTICLES OF ORGANIZATION  
OF

Besaw Carpentry & Interiors LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 OCT -5 AM 11:25

The Articles of Organization for this Limited Liability Company were filed on 8/1/14 and assigned  
Florida document number L14000121213.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Christopher E. Besaw

New Registered Office Address:

5654 Beale Ford Rd.

Enter Florida street address

Pace FL.

City

Florida 32571

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 605, 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Christopher S. Besaw	5654 Beale Ford Rd. Pace FL 32571	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change of Address 35
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Please note I am changing  
all addresses related to this  
business and its persons to

5654 Beale Ford Rd.  
Pace FL 32571

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

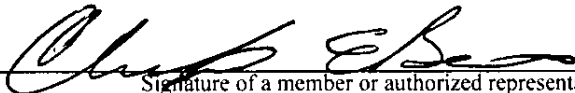
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

October 7, 2017



Signature of a member or authorized representative of a member

Christopher E. Beson

Typed or printed name of signee