

L14000145287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

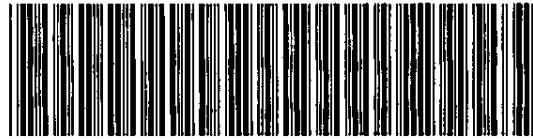
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 19 2014

027



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2014

BRYAN WOODS  
3860 ULMERTON RD  
CLEARWATER, FL 33762

SUBJECT: BEC FL, LLC  
Ref. Number: L14000149287

We have received your document for BEC FL, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 214A00023300

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**BEC FL LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Bryan M. Woods**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**3860 Urmerton Road**

\_\_\_\_\_  
Address

**Clearwater, Florida 33762**

\_\_\_\_\_  
City/State and Zip Code

**bryanw@mihiclub.com**

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

For further information concerning this matter, please call:

**Bryan M. Woods**

**727**

**808-9866**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

TO  
ARTICLES OF ORGANIZATION  
OF

BEC FL 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 Company were filed on September 23, 2014 and assigned  
Florida document number L14000149287.

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 "L.L.C."

Enter new principal offices address, if applicable:

3860 Ulmerton Road

**(Principal office address MUST BE A STREET ADDRESS)**

Clearwater, Florida 33762

Enter new mailing address, if applicable:

3860 Ulmerton Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Clearwater, Florida 33762

**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:

Enter Florida street address

City, Florida

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**

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|-------------------|----------------------------------|---|
| AMBR         | Jacqueline Barnes | 2348 N. Lenox Court              | <input checked="" type="checkbox"/> Add |
|              |                   | Round Lake Beach, Illinois 60073 | <input type="checkbox"/> Remove         |
|              |                   |                                  | <input type="checkbox"/> Add            |
|              |                   |                                  | <input type="checkbox"/> Remove         |
|              |                   |                                  | <input type="checkbox"/> Add            |
|              |                   |                                  | <input type="checkbox"/> Remove         |
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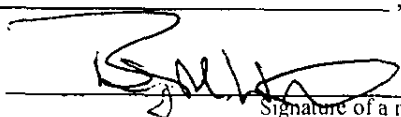
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\_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 27, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Bryan M. Woods

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA