

L14000191215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10/05/15--01012--001 **25.00

FILED
2015 DEC 18 PM 12:09
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 21 2015

12-18-2015

Beacon Haven LLC

13674 Staimford Drive

Wellington FL 33414

To Whom It May Concern:

This is a Letter of Consent for a Legal Liability Company name change. My name is Yvonne Lawrence the registered agent for Beacon Haven LLC (L14000191215). I applied for an on-line name change to our company name from "Beacon Haven" to "A Beacon Haven" (W15000058019). This request was denied. We are the same company just want to add the "A" to the current LLC name.

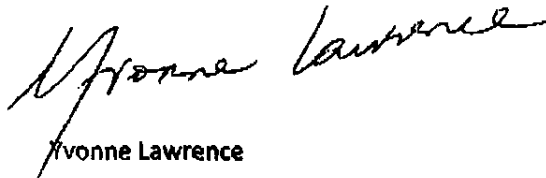
We officially would like to change our name from "Beacon Haven LLC" To "A Beacon Haven LLC"

If there are any questions please contact:

Ian L Small (member) 404-218-3696

Yvonne Lawrence (Registered Agent) 561-596-9726

Thank you in advance for your time!

A handwritten signature in cursive script, appearing to read "Yvonne Lawrence".

Yvonne Lawrence

Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEACON HAVEN, L.L.C.

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:

YVONNE LAWRENCE

Name of Person

Firm/Company

13674 Staimford Drive

Address

Wellington, FL 33414

City/State and Zip Code

Vonniesmall@yahoo.com

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

For further information concerning this matter, please call:

YVONNE LAWRENCE

561

596-9726

Name of Person

at ()
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEACON HAVEN, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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The Articles of Organization for this Limited Liability Company were filed on 12/16/2014 and assigned
Florida document number L14000191215.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A BEACON HAVEN, L.L.C.

The new name must be distinguishable and contain 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:

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 603, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Dec 18th, 2015.

Yvonne Lawrence

Signature of a member or authorized representative of a member

YVONNE LAWRENCE

Typed or printed name of signer