# LI500009781

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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02/26/18--01033--021 \*\*25.00

FILED 2018 FEB 25 P 2: 25 31 CHLIMEY PY STALL



COVER LETTER	K
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TO: Registration Section Division of Corporations					
SUBJE					
	Name of Limited Liability Company				
The enc	losed Articles of Amendment and fee(s) are submitted for filing.				

Please return all correspondence concerning this matter to the following:

8



Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

<u>(Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\_\_\_1500000978$	*
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u> Beyer 5 LL The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	NO CHANOE
(Principal office address MUST BE A STREET ADDRESS)	1589 Brior Chill Circle Lake Worth R 33767
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	beyer 511 c e gmail. Toby
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

### 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
		m	🗆 Add
			Remove
			Change
			O Add
			Remove
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		CIRICA A CIRICA	
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			🗆 Add
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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					2018 FEB 26 P 2: 2	

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 Feb 21	<u>-2018</u> .
1	R
	Signature of a member ( authorized /epresentative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00