

L15000040423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700296252697

03/13/17--01003--022 **25.00

MAR 14 2017

S. YOUNG

FILED
17 MAR 13 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEACON 3204 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:

IGOR KORNEYCHIK
Name of Person

Firm/Company

3419 BEACON STREET
Address

POMPA NO BEACH, FLORIDA, 33062-2922
City/State and Zip Code

IGOR KORN@BK.RU
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicola L. Zagarulo Esq at (954) 786-0360
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 13 PM 2:22

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEACON 3204 LLC

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 13 PM 2:22

The Articles of Organization for this Limited Liability Company were filed on MARCH 5, 2015 and assigned
Florida document number 615000040423

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)

3419 BEACON ST
POMPANO BEACH, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3419 BEACON STREET
POMPANO BEACH,
FL 33062

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:

WEAVERKNITT TECH AND MORE, LLC

New Registered Office Address:

3419 BEACON ST

Enter Florida street address

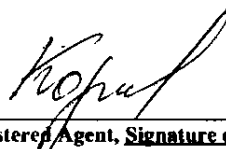
POMPANO BEACH, Florida 33062

City

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

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>
--------------	-------------	----------------	-----------------------

MGR	WEAVERKNITT TECH AND MORELLC	3419 BEACON ST POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	---------------------------------	---	--

MGR	JULIA PEKARCKAYA	4020 GALT OCEAN DR #104 FT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	------------------	--	---

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAR 13 PM 2:22

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

RECEIVED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
77 MAR 13 PM 2:22

E. Effective date, if other than the date of filing: 03.08.2017 (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 03.08.2017

Signature of a man

Signature of a member or authorized representative of a member

IGOR KORNEYCHIK Manager of WeaverKnit Tech
and more, LLC
Typed or printed name of signee

Typed or printed name of signee