División of Corpura 5000 30 Gall For

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOAD BEEP LLC

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Electronic Filing Menu

Corporate Filing Menu

9/30/2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOAD BEEP LLC
(Name of the Cimited Lightlity 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 24TH, 2015 and assigned
Florida document number L15000163090
This assessment is submitted to amend the following:
L If amending name, enter the new name of the limited limbility company here:
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." or new principal offices address, if applicable: **Recipal office address MUST BE A STREET ADDRESS)
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
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the</u> registered agent and/or the new registered office address berg:
Name of New Registered Agent:
New Rogistered Office Address:
Enter Florida street address
, Florida
City Zip Cide
New Registered Agent's Signature, if changing Registered Agent:
I hareby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

I haveby accept the appointment as registered agent and agree to an 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
ASSEE, FLORIDA
Page 1 of 3

Page 1 of 3

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 AMRR = Authorized Member

<u>Title</u>	Name	Address		Type of Action
MGR	JESUS MARIN	22441 SW 88TH PL UNIT 105		= Add
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