

11/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L15000170412

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(((H18000319243 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

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
4 BEECHTREE LLC

Certificate of Status	0
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2018 NOV -5 PM 4:49

18 NOV -5 PM 8:11

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: 4 BEECHTREE 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:

INES SACKMANN

Name of Person

4 BEECHTREE LLC

Firm/Company

5220 S UNIVERSITY DRIVE SUITE C-102

Address

DAVIE FL 33328

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

INES SACKMANN

305 9449755

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 BEECHTREE 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 10/07/2015 and assigned Florida document number L15000170412.

This amendment is submitted to amend the following:

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

N/A

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)

5220 S UNIVERSITY DRIVE SUITE C-102

DAVIE FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5220 S UNIVERSITY DRIVE SUITE C-102

DAVIE FL 33328

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:

SILVAS FINANCIAL SERVICES, L.L.C.

New Registered Office Address:

5220 S UNIVERSITY DRIVE SUITE C-102

Enter Florida street address

DAVIE

Florida 33328

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.

(Signature of Registered Agent)

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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	GUTHMANN, JUAN C. SR.	9144 NW 120 TH TERR	<input type="checkbox"/> Add
		HALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SACKMANN MASSA, INES	9144 NW 120 TH TERR	<input type="checkbox"/> Add
		HALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUTHMANN, JUAN CARLOS	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	SACKMANN MASSA, INES	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<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

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

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5
5
11

(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)

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.

Signature
Signature of a member or authorized representative of a member

Typed or printed name of signer