L15000186166

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(Address)
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(Address)
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	porations		
	RTAINMENT, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	DAVID A GARAY		_
		Name of Person	
		Firm/Company	
	PO BOX 226653		
		Address	
	MIAMI, FL 33222		
		City/State and Zip Code	
	ACCOUNTING@BEENTE		
	E-mail address: (t	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	ıll:	
DAVID A GARAY		786 985-3520	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

BE ENTERTAINMENT, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000186166	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7792 NW 71st STREET, SUITE B	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	ffice address on our records, <u>e</u>	nter The name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	제 6 제 0 5
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	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>	Name	<u>Address</u>	Type of Action
MGR	JORGE L HERNANDEZ	PO BOX 226653	
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Tective date, if other than the date of find effective date is listed, the date must be specificate: If the date inserted in this block does not coment's effective date on the Department of	and cannot be prior to timeet the applica	ble statutory h	more than 90 day	s, this date will no	ını to 605.0 t be listed
record specifies a delayed effectiv The 90th day after the record is file	re date, but not ed.	an effective	e time, at 12:	01 a.m. on the	e earlier — —
JUNE 14	2017	—·			
~			ive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00