## 1500005732

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400317287654

08/20/18--01024--008 \*\*25.00

18 AUG 20 AH 10: 1 8

N COOPER AUG 2 7 2018

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	BEV CA, L	LC.				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability Company			
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please returi	all correspo	ndence concerning this matter	to the following:			
		GABRIEL HATEM				
		TAX CARE DORAL	Name of Person			
		1400 NW 107TH AVE S	Name of Person  X CARE DORAL  Firm/Company  10 NW 107TH AVE STE 430  Address  AMI, FL 33172  City/State and Zip Code  BRIEL@TAXCAREINC.COM  E-mail address: (to be used for future annual report notification)  Ing this matter, please call:  at (			
		MIAMI, FL 33172	Address			
		GABRIEL@TAXCAREINC.COM				
For further i	nformation c	E-mail address: () oncerning this matter, please ca	·	ication)		
GABRIEL	HATEM					
	Name o	(Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>S</b> \$25,00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	MAU	ISC ANNOTES.	etdeet/Coudi	EB ANNDECC.		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

BEV CA. LLCMMMBR		
( <u>Name of the Limited Ligh</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Plorida document number L15000205732	Company were filed on 12/07/2015	and assigned
Florida document number (1986)		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
'he new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>a</b>
Principal office address MUST BE A STREET ADI	DRESS)	AUG
		3 20 3 20
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
<ol> <li>If amending the registered agent and/or regestered agent and/or the new registered office ac</li> </ol>		iter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	3
	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>	Type of Action
MMBR	GUTIERREZ DELGADO, FRANCISCO	URB MIRANDA RES NATALIA PH-C AV 10	
		QUINTA SAN JOSE URB P OC	U Add
			■ Remove
			Change
MMBR	PAOLI FRANCO, ALECIO J	CALLE 12 MONTALBAN RES USLAR II APT 81	C Add
		DISTRITO FEDEAL. VENEZUELA OC	■ Remove
			☐ Change
		-1	□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
<del></del>			
		<del></del>	Remove
			□ Change

			·			· · · · · · · · · · · · · · · · · · ·	_
							_
							_
					<del></del>		_
							_
	· <del>-</del>		.=				_
			<del></del>		_		_
							_
							_
							_ 0
							- VISI
					<del></del>	AUG 2	_ 92 C 120
							— —
						A.	RPO
		.,	<del></del>		<del>, .</del>	Ö	RATI
-						œ	– 8.
ective date, if other than the date	of filing:				(optiona	20 AM ID: 1 8	
fective date, if other than the date in effective date is listed, the date must be some. If the date inserted in this block occument's effective date on the Depart record specifies a delayed eff. The 90th day after the record.	oes not mee ment of Stat active dat	et the applicate's records.	ble statutory	filing require	ements, this da	te will not be li	sted a
	;	2018					
ted August 16		-	<del></del>				
ted	tury of a mer	inher or author	nzed represent	ative of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00