10/4/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002465903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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 RESIGNS BEACH GENIE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration 8 Division of Co			•
SUBJECT: BEACH	GENIE, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	th Floor	9
		Address	2016 ALL
	Glendale, CA 91203		
	reggylav@yahoo.com	City/State and Zip Code	\$55 L
	C-mail address: (to be used for future annual report notificati	on) III
For further information	concerning this matter, please c	all:	
Cheyenne Moseley		800 773-0888 ext. 9	'
Name	of Person		ephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH GENIE, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on 02	1/22/2016 and assigned
Florida document number 1.16000036537	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
Fat Cat Custom Printing, LLC	
The new name must be distinguishable and end with 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)	· · · · · · · · · · · · · · · · · · ·
	≥ ∴ ≥
	>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	mas c
	937 - U
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:	ige ►
Name of Name Deviatored Agents	
Name of New Registered Agent:	
New Registered Office Address:	
inter Hen	rida street address
	, Florida
City	Zip Cocle

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Remove
			☐ Add
			Remove S
			D Add
			Remove
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D. If amending	any other	information, enter change(s) here	e: (Attach additional sheets	. if necessary.)		
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77	15 .					
(The effective date	te, it other to must be spa	than the date of filing:	led date and cannot be more than !	_ <b>(optional)</b> 90 days after		
		d by the Florida Department of State)	,	•		
Dated	of ,	L	Q.			
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	_/_	2 Dall	1			
	-7	,	fized representative of a member			
		_	a Baker			
		Typed or printe	d name of signee			

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Filing Fee: \$25.00

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