# 116000055857

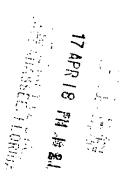
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:		SERVICE, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		MARIA A. ORTIZ		
			Name of Person	
		BE LOVE SERVICE, LLC		
			Firm/Company	
	175 FONTAINEBLEAU BLVD, STE 2L2			
		<u></u>	Address	<del></del>
		MIAMI, FL 33172		
			City/State and Zip Code	<del>" "</del>
			VICE@GMAIL.COM	
		E-mail address: (t	to be used for future annual report notifica	ition)
For further in	nformation co	oncerning this matter, please ca	all:	
MARIA A.	ORTIZ		786 222-4508	
	Name of	Person		elephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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

BE LOVE SERVICE, 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 MARCH 21, 2016 and assigned Florida document number L16000055857 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." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
AMBR	ESCALANTE, LILIAN	651 NW 82 AVENUE # 111,	
		MIAMI FL 33126	■ Remove
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	N/A		Add
			□ Remove
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	N/A	_	Add
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Filing Fee: \$25.00