## 116000078979

(Re	equestor's Name)	<del></del>
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## COVER LETTER

	ion Section of Corporations		•	
SUBJECT:	MR. BEAN PLANT LLC			
Sobsect.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	Edward Sta			
		Name of Person		
Direct Incorporation				
		Firm/Company		
	315 W Hur	on St Ste 240		
		Address		
	Ann Arbor, N			
		City/State and Zip Code		
documents@directincorporation.com  E-mail address: (to be used for future annual report notification)				
For further informa	ation concerning this matter, please ca	•	· · · · · · · · · · · · · · · · · · ·	
Edward Stahlin		at ( <u>877</u> ) 281-649		
N	Name of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	c for the following amount:			
□ \$25.00 Filing F	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

MR. BEAN F	LANT LLC			
(Name of the Limited L (A F	iability Company as it now appeal lorida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabil Florida document numberL16000078979		04/21/2016	and assi	gned
This amendment is submitted to amend the followir	ng:			
A. If amending name, enter the new name of the	limited liability company h	ere:		
Maggie M. Jean Enterprises	LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	abbreviation "L.l	L.C."
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:			<u> </u>	.1
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		- 322 B	
				د د د میده
			Sign to	green seed to green and
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address or address here:	n our records, <u>ent</u>	er the name	of the nev
Name of New Registered Agent:			,	
New Registered Office Address:	Enter Fla	orida street address		
	Zine, i io	THE PERSON WITH SERVICE VALUE		
_	City	, Florida	Zip Code	<del></del>
	··· <i>,</i>			

## 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:

	Manager		
AMBR =	· Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u></u>		Add
			Remove
			Remove
			□ Add
			Remove
			Change :
			Remove
			Remove
			☐ Change
			☐ Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
		16	\$
	ALIA ALIA	DEC	
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	\$100 1000 1000 1000 1000 1000 1000 1000	7	1 1
(If an effective date, if other than the date of filling:  (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Indee: If the date inserted in this block does not meet the applicable statutory filling requirements, this date we document's effective date on the Department of State's records.	Pursuant to 60:	50207 (3) ed as the	(b) e
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or b). The 90th day after the record is filed.	n the earlie	er of:	
Dated Nov 30 . 2016.  Magnetic of a propher or authorized representative of a member			
Magnetic of a propher or authorized representative of a member			
Maggie Jean			
Typed or printed name of signec			

Page 3 of 3

Filing Fee: \$25.00