Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (550) 617-6383

From:

Account Name : FASTRIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9391

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 RESIGN **BEAKER 23 CONSTRUCTION LLC**

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAKER 23 CONSTRUC			
(Name of the Limited Limbfilty Compa (A Florida Limited)	my as if now appears Liability (binpany)	pn our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	08/08/2016	and assigned
This amendment is submitted to amend the following:			:
A. If amending name, enter the new name of the limited liab	ility company ber	<u>rc</u> :	
BEAKER 23 LLC			
The new name must be distinguishable and contain the words "Limited Liab:	Inty Company," the do	signation "LLC" or the abb	revission "L.L.C."
Enter new principal offices address, if applicable:	7400 STERLIN	G RD APT 1510	
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD	FL 33024	
Enter new mailing address, if applicable:		G RD APT 1510	
Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD	FL 33024	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u></u> .		;
	Enter Mon	co sirvei acaress	4
	Cin	Florida	Zip Code
	Fin.		fin finels

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 standes 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 Anthorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
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MGR GARY B CHOURIO	ADDRESS CHANGE		
LAST ADDRESS 7777 PII	NES BLVD SUITE 207 DKE PINES, FL 33024		
	•		
NEW ADDRESS: 7400 ST HOLLY	ERLING RD APT 1510 WOOD FL 33024		
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rive date, if other than the d fective date is listed, the date must l If the date inserted in this bloc ment's effective date on the Dep	ate of filing: e specific and connot be prior to due is does not meet the applicable st partment of State's records.	opt of filing or more than 90 days after mutory filing requirements, th	ional) 17 filing.) Porsuant to 605 is date will not be liste
cord specifies a delayed	effective date, but not an	effective time, at 12:01	a.m. on the earlie
90th day after the reco	rd is filed.		
SEPTEMBER 13	2018		
	(eff)		
	ignature of a member of huthorized i	representative of a member	

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Filing Fee: \$25.00