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COVER LETTER

Division of C	orporations			
SUBJECT:	BEAT	WEEKLU	,uc	

Name of Linned Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Registration Section

TO:

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	MENDMENT
^r TC)
ARTICLES OF O	RGANIZATION
OI	7
BEAT WEEKLY, L	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document numberL16000159066	vere filed on 8 34 2016 and arsigned
Florida document humber <u>c (D c c ; 5 / c d d</u>	
This amendment is submitted to amend the following:	<u>,</u>
A. If amending name, enter the new name of the limited liabil	<u></u>
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	311 W. PALM AVENUE
(Principal office address MUST <u>BE A</u> STREET ADDRESS)	
	TAMPA, FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	311 W. PALM AVENUE #415
**************************************	TAMPA, FL 33602

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Jake Rose		
New Registered Office Address:		AVENUE, H	415
	TAMPA City	, Florida	33602 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	JAKE T. ROSE	311 W. PALM AVENUE	🗆 Add
		# 415	🗆 Remove
		TAMPA, FL 33602	🖬 Change
			🖸 Add
			🗆 Remove
			Change
			🗆 Add
			CRemove
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			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	12/4	, 2019	
		Signature of a member or anthorized representative of a member	
	<u> </u>	DEREK LARSEN - CHANEY	
		Typed or printed name of signee	