

L16000161442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

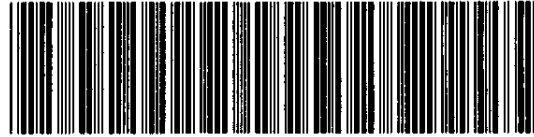
(Business Entity Name)

(Document Number)

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10/25/16---01004---006 **50.00

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16 OCT 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 OCT 24 PM 3:51

D. SCOTT
OCT 24 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: beba rose llc

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

rebecca trachtenberg

Name of Person

beba rose llc

Firm/Company

~~2443 san miguel road~~

7810 Lago del mar dr. #107

Address

~~tallahassee, Florida, 32304~~ Boca Raton Florida 33433

City/State and Zip Code

rebecca.rose1836@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rebecca trachtenberg

561

9296840

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

beba rose 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 sunbiz.org and assigned
Florida document number L16000161442.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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)

~~2443 san miguel road~~ 7810 Lago del mar dr #107
~~tallahassee, florida 32304~~ Boca Raton FL, 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~2443 san miguel road~~ 7810 Lago del mar dr #107
~~tallahassee, florida 32304~~ Boca Raton FL, 33433

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:

Name of New Registered Agent:

rebecca trachtenberg

New Registered Office Address:

~~2443 san miguel road~~ 7810 Lago del mar dr. #107
Enter Florida street address
~~tallahassee~~ Boca Raton, Florida 32304 33433
City 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)

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TALLAHASSEE, 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>	<u>Type of Action</u>
MGR	Michael <i>Rebecca</i> trachtenberg		<input type="checkbox"/> Add
		<i>7810 Lago del mar dr apt 107 Boca Raton Florida, 33433</i>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

16 OCT 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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 10/24/2016, _____

Signature of a member or authorized representative of a member

Rebecca
~~Michael~~ trachtenberg

Typed or printed name of signee