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## KARINE BAUER, EA International Accounting & Tax Services

kbauer@kbfinancials.biz (863) 430-8165 www.kbfinancials.biz PO BOX 755, Haines City FL 33845



TO:

FLORIDA DIVISON OF CORPORATION

FROM:

KARINE BAUER, ENROLLED AGENT

DATE:

08/25/2017

SUBJECT:

ARTICLES OF AMENDMENT - FLORIBEA LLC

Madam, Sir

Please find attached the payment of \$25 with articles of amendment for the following changes:

- 1. Change of address
- 2. Change of registered agent
- 3. Update of EIN number

Regards,

Kbauer Financials LLC

International Accounting & Tax Services

IRS Enrolled Agent

IRS Certifying Acceptance Agent

Chartered Certified Accountant

QuickBooks ProAdvisor

[endored 5 page]



#### **COVER LETTER**

| то                |           | gistration Se<br>ision of Cor |  |  |  |
|-------------------|-----------|-------------------------------|--|--|--|
| SU                | BJECT:    | FLORIBEA                      | LLC  |  |  |
|                   |           |                               | Name of Lim                                  | ited Liability Company   |  |
|                   |           |                               | Amendment and fee(s) are sub                 | \ <del>-</del>   |  |
| Ple               | ase retur | n all correspo                | ndence concerning this matter                | to the following:  |  |
|                   |           |                               | BEATRICE TEJA                                |  |  |
|                   |           |                               |  | Name of Person   | **************************************   |
|                   |           |                               | FLORIBEA LLC                                 |  |  |
|                   |           |                               | <del></del>                                  | Name of Person  ORIBEA LLC  Firm/Company  LONG MEADOW LN  Address  TONDA WEST, FL 33947  City/State and Zip Code  TEJA@HOTMAIL.COM  E-mail address: (to be used for future annual report notification) |  |
| 28 LONG MEADOW LN |           |                               |  |  |  |
|                   |           |                               |  | Address  | <del></del>  |
|                   |           |                               | ROTONDA WEST, FL 33                          | 3947   |  |
|                   |           |                               |  | City/State and Zip Code  |  |
|                   |           |                               | BEATEJA@HOTMAIL.CO                           |  |  |
|                   |           |                               | E-mail address: (                            | to be used for future annual report notifi   | ication)   |
| For               | further i | nformation co                 | oncerning this matter, please ca             | all:   |  |
| BEATRICE TEJA     |           |                               | at ()  |  |  |
|                   |           | Name o                        | f Person                                     | Area Code Daytime  | Telephone Number   |
| Enc               | losed is  | a check for th                | ne following amount:                         |  |  |
|                   | \$25.00 I | 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

| (Name of the Limited   | Liability Company<br>Florida Limited Lia   | as it now appears on our record<br>bility Company) | 16,)                          |
|--|--|--|-------------------------------|
| The Articles of Organization for this Limited Lia<br>Florida document number L16000198774  | bility Company w   | ere filed on 10/27/2016                            | and assigned                  |
| This amendment is submitted to amend the follow  | J  |  | AUG 29 AHASSI                 |
| -  | the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the substitution LLL and address, if applicable:  28 LONG MEADOW LN, ROTONDA WEST, FL 33947  28 LONG MEADOW LN, ROTONDA WEST, FL 33947 |  |                               |
| The new name must be distinguishable and contain the wo  | rds "Limited Liability   | Company," the designation "LLC                     | C" or the chirch istica L.L.  |
| Enter new principal offices address, if applica  | ble:   | 28 LONG MEADOW LN, RO                              | OTOND SYEST AL 33947          |
| (Principal office address MUST BE A STREET   | ADDRESS)   |  |                               |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B  | <u>:0x)</u>  | 28 LONG MEADOW LN, RO                              | OTONDA WEST, FL 33947         |
| B. If amending the registered agent and/or registered agent and/or the new registered off  |  |  | is, enter the name of the new |
| Name of New Registered Agent:  | BEATRICE TEL   | A  |                               |
| New Registered Office Address:   | 28 LONG MEAT   | OOW LN   |                               |
| a with the management of the second of the s |  | Enter Florida street addre                         | 358                           |
|  | ROTONDA WES  | ST F   | lorida <u>33947</u>           |
|  | **************************************   | City   | Zip Code                      |

New Registered Agent's Signature, if changing Registered Agent;

FLORIBEA LLC

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:

MGR = Manager

| AMBR = A     | Authorized Member |  |                |
|--------------|-------------------|--|----------------|
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| If the | record specifies a delayed effective date, but not an effective time, at 12:01 a.  | .m. on the e      | arlier o     |
| (b) T  | he 90th day after the record is filed.   | min on the c      | arrior c     |
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Filing Fee: \$25.00