L176660/0376

/25/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000030971 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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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 13303 BEECHBERRY DR., L.L.C.

10000 DEG 411	
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Fax# H150000309713

13303 BEECHBERRY DR., L.L.C. (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we	mare :
Florida document number L17000010376	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited ligbili	ty company here:
BEECHBERRY VENTURES, L.L.C. The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the aboreviation (LLC)
Enter new principal offices address, if applicable:	. >
(Principal office address MUST BE A STREET ADDRESS)	
	25 LEL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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

Page 1 of 3 icu:

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

AMBR = Ai	thorized Member	Address	Type of Action
<u>Title</u> MGR	Name SALVATORE VENTIMIGLIA	11849 US HWY, 41 SOUTH	Add
		GIBSONTON, FL 33543	Remove
			☐ Change
MGR	XLM MANAGEMENT, L.L.C.	1245 COURT STREET	■ Add
		CLEARWATER, FL 33756	☐ Remove
			☐ Change
			□ Add
			☐ Remove
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e record specifies a delay The 90th day after the re	ed effective date ecord is filed.	, but not an	effective time, a	nt 12:01 a.	m. on ti	ne earl	lier of:
Dated JANUARY 25	· · · · · · · · · · · · · · · · · ·	018					

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Filing Fee: \$25.00