

L17000035878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

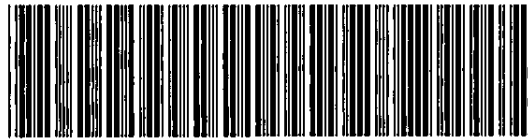
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280061013

03/14/17--01020--013 **25.00

FILED
17 MAR 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BE HOMES 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:

Kenneth Damas

Name of Person

Adorno-Cunill & Damas

Firm/Company

1000 Brickell Avenue, Suite 1005

Address

Miami, Florida 33131

City/State and Zip Code

bea@beinteriorsdesign.com

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

For further information concerning this matter, please call:

Kenneth M. Damas

305

381-9999

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

FILED
17 MAR 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BE HOMES 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 02/14/2017 and assigned
Florida document number 1,170,000,35878.

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)

4040 NE 2nd Ave

Suite 401

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4040 NE 2nd Ave

Suite 401

Miami, Florida 33137

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:

Beatriz Pernia

New Registered Office Address:

4040 NE 2nd Ave, Suite 401

Enter Florida street address

Miami

City

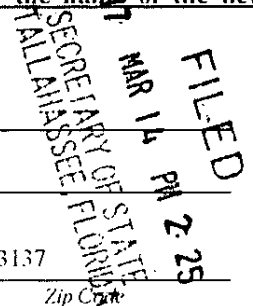
Florida 33137

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, 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	Beatriz Pernia	4040 NE 2ns Ave. Suite 401	<input type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pedro Alejandro Pages	8760 NW 103 Ave	<input type="checkbox"/> Add
		Doral, Florida 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 MAR 14 PM 2:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

[illegible]

(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) **Note:** 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.

Dated March 13, 2017

Signature of a member or authorized representative of a member

Beatriz Pereira

Typed or printed name of signee

FILED
MAR 14 PM 2 25
17 earlier of:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA