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(R	equestor's Name)
(A	ddress)	
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(C	ity/State/Zip/Phor	ne #)
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(D	ocument Numbe	r)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

2017 NOV 27 PH 5: 4:1

K. SAI V NOV 2 9 2017

COVER LETTER

Divi	ision of Corp	porations			
enbiece.	Beanstoc Ll	LC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Aaron Froug			
			Name of Person		
		Interest Investments Inc.			
			Firm/Company		
		2800 Sw Williston Rd Apt 211			
	Address				
		Gainesville, FL 32608			
		aaronfroug@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Aaron Froug	<u>;</u>		941 7136240 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

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

FILED
2017 NOV 27 PM 5: 41
SEURE TARY OF STATE
TALLAHASSEE, FLORIDA

Beanstoc LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	i Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	Enter Florida stre	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	te performance of my di s provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		2017 NOV 27 PA 5: 41	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
				Add
				☐ Remove
				Change
				O Add
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				Change
				
				Remove
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				Remove
				□ Change

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	SECRETE
	SECRETARY OF STATE FALLAHASSEE, FLORIO
	FALLAHASSES OF STATE
	SILE, FLORIO
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's r	ecords.
	out not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
November 3 2017	7
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and I am	_
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Signatury of a member	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00