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SCORETARY OF STATE ON DIVISION OF CORPORATIONS

N COOPER JUN 12 2018

COVER LETTER .

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

UBJECT: BE DEVOPS LC
Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Herry NAISSETT BEASSETT
Firm/Company
4929 CORTLAND DR
City/State and Zip Code City/State and Zip Code City/State and Zip Code Dea 88em Cogna, L. Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Jerry Name of Person at (157) 145 9131 Arch Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$\subset} \t
MAILING ADDRESS: STREET/COURIER ADDRESS:

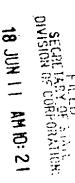
Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on 19	D/25/1	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>2</u> :	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	1969 ORLAN	ignation "LLC" or S ALA	the abbreviation "L.L.C." FAYA TOAIL 2 32828
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(QX)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	E TILL TO	FT - C - 20	т	
New Registered Office Address:	ORLA	Enter Florid	a street address , Florid	la 32828

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
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an effective da lote: If the d	e, if other than the is listed, the date in late inserted in this Tective date on the	nust be specific and block does not m	cannot be prior to neet the applicab	date of filing or mor	(optional)	al) ing.) Pursuant to 605.02 ite will not be fisted :
	pecifies a delay day after the re		ate, but not	an effective tir	ne, at 12:01 a.n	n. on the earlier
ated <u> </u>	6/05/1	S.		red representative o		

Page 3 of 3

Filing Fee: \$25.00