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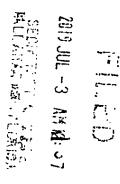
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COVER LETTER

TO: Registration Section
Division of Corporations

BEKWAAM IT SOLUTIONS, LLC

SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	George Smith		
	<u> </u>	Name of Person	
	BEKWAAM IT SOLUTIO	ONS, LLC	
		Firm/Company	
	242 Gazetta Way		
		Address	
	West Palm Beach FL, 334	13	
	george@bekwaam.net	City/State and Zip Code	<u>''</u>
	E-mail address: (t	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
George Smith		754 2342275	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

BEKWAAM IT SOLUTIONS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L18000007838 Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Li Li
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Torry Henderson	6969 W 90th Ave #932 Westminster, CO 80021	= Add
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Effect	tive date, if other than the date of filing:	(optional)
(If an ell Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 805.0207 (. Filing requirements, this date will not be listed as the
docum	nent's effective date on the Department of State's records.	
the red	cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
	,	
, ,,,,,	***	
	July 1st 2019	
	July 1st 2019	
	•	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00