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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Beechy Shell Mame of Lin	Mosic LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	
BRIAN (W. FIELDS Name of Person
	Firm/Company
	ell Street ApT A
	City/State and Zio Code C gmail Com (to be used for future annual report notification)
For further information concerning this matter, please c	
BRIAN W. FLELDS Name of Person	at (703) 863-8857 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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 266 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beechy Shell M (Name of the Limited Liability Compar	USIC, LLC
(Name of the Limited Liability Compar (A Florida Limited E	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800046680</u> .	were filed on February 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 ALL
(Principal office address MUST BE A STREET ADDRESS)	ARE W
	- SSI
Enter new mailing address, if applicable:	PH FL
(Mailing address MAY BE A POST OFFICE BOX)	H 7: 30
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

	g Authorized Person(s) authorized to main different our records:	nage, enter the title, name, and address of eac	h person being added
MGR = N AMBR = A	Manager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	BRIAN W. FLELDS	905 Grinnell St Apt A Key West, FL 33040	□ Add
			௴ Change
MGR	Michelle M. Tafaya	405 Grinnell St. Apt A Key West, FL 33040	
			Change
			□ Add
			Change
			Remove
			Change
			🗆 Remove
			□ Change □ Add
			□ Remove
			Change

Please make Organization Brian W.	cc: Necho	ind an	4421	<u> Ar-tral</u>	ورد وا		
Organization	to Refl	ect MC	R ast	he title	e fork		
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ective date, if other than to effective date is listed, the date	the date of filin	ng:	to date of filing	or more than 9	(optional) O days after filing.)	Pursuant to 605.020	7 (3)X
le: If the date inserted in this	s block does not	meet the applic	able statutory	filing require	ments, this date v	will not be listed as	s the
ument's effective date on the	r Department of	State 5 records	•				
record specifies a dela	ved effective	date, but no	ot an effectiv	ve time, at	12:01 a.m. o	on the earlier o	f:
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	Signature of a	member or auth	odzed represent	ative of a mem	ber		
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Page 3 of 3

Filing Fee: \$25.00