U140000 70627

(Requestor's Name)
(Address)
(.cc. ccs,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Out to the state of Challen
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



000314386580

06/11/18--01037--002 **30.00

SECRETARY OF SHOEN ON ISION OF CORPORALION

N COOPER JUN 1 3 2018

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

Be Xausit LA	LC			
(Name of the Limited Liability (A Florida)	Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number $-\frac{L}{B000070627}$	ompany were filed on	3/19/18	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	signation "LLC" or the abbre	viation "L.L.C	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:			_	
(Principal office address MUST BE A STREET ADDRI	ESS)		&	14 S
			MUL	<u> </u>
			=	10 MHz
Enter new mailing address, if applicable:			<u>~</u> 0	영국 목모리
(Mailing address MAY BE A POST OFFICE BOX)			.;.	
the state of the s			ပ္သ	- 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		our records, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:				
New Registered Office Address:			-	
	Enter Floric	la street address		
		, Florida		
	City		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>	Address	Type of Action
MGB	Tiltany Burrell	9640 Windowff CIR	. Add
	.)	Fl. Pierce, FL 34945	Remove
			Change
AMBR	Esserve Burrell	9640 Windriff Cir	🗆 Add
		9640 Windriff Cie FF Pierce, FL 34945	Remove
			□ Change
			🗆 Add
			Remove
			🗖 Change
			Remove
			Change
			Remove
			Change
			Add
		-	□ Remove
			☐ Change

		<u> </u>				-
		<u></u>				-
						-
		.		<u> </u>		-
						-
		-				-
						-
						_
	. <u>.</u>				<u>_</u>	<u> </u>
					الر 8	5000 5000 5000 5000 5000 5000 5000 500
					-	3. <u>2</u> 3.2
					70	
					2	高さ
					 	-15 ⁷
						-
						_
			<u> </u>			-
ffaction data if other than	, the data of fills			(ontions	.T.	
ffective date, if other than an effective date is listed, the date	e must be specific and	g:I cannot be prior to	date of filing or more	than 90 days after filir	ig.) Pursuant to 605 te will not be list	5.020
			e statutory timing re	quitements, this da	ic will not be list	icu a
					on the earli	
ocument`s effective date on t	avod offective o	tato but not -	n offactive time	າ ລt 12 ∙01 a.m	i. Un ule calli	e c
ocument's effective date on t e record specifies a del			n effective time	e, at 12:01 a.m		
e record specifies a del The 90th day after the	record is filed.					
ocument's effective date on t e record specifies a del The 90th day after the	record is filed.					
Note: If the date inserted in the document's effective date on the record specifies a delember of the 90th day after the specified of the Dated Sunce 1						

Page 3 of 3

Filing Fee: \$25.00