

L18000116271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

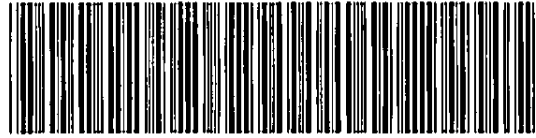
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400313789264

05/31/18--01014--008 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 31 PM 2:20

N COOPER

JUN 01 2018

May 23, 2018

John S. Turano
18009 Pine Hammock Blvd.
Lutz, FL 33548

RE: Beatrice Biz LLC Amendment for address correction

To Florida Department of State Division of Corporations:

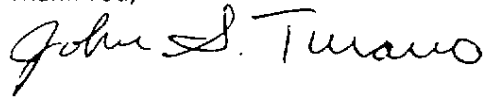
I am requesting an amendment to my LLC listed above to change the misspelling of the principal office, mailing and authorized members address. The correct spelling should be:

18009 Pine Hammock Blvd.
Lutz, FL 33548

This address is also my return address and resident agent address.

Please let me know if you have any questions regarding this amendment. My cell phone number is 443-790-2205.

Thank You,

A handwritten signature in black ink that reads "John S. Turano". The signature is written in a cursive, flowing style.

John S. Turano

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beatrice Biz LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John S. Turano

Name of Person

Beatrice Biz LLC

Firm/Company

18009 Pine Hammock Blvd.

Address

Lutz, Florida 33548

City/State and Zip Code

john.turano@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John S. Turano

Name of Person

at (443) 790-2205

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Beatrice Biz LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 9, 2018 and assigned Florida document number L18000116271.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

18009 Pine Hammock Blvd
Lutz, Florida 33548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18009 Pine Hammock Blvd
Lutz, Florida 33548

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City _____ Florida

Zip Code

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 31 PM 2:20

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	John S. Turano	18009 Pine Hammock Blvd.	<input type="checkbox"/> Add
		Lotz, FL 33548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michelle G. Turano	18009 Pine Hammock Blvd.	<input type="checkbox"/> Add
		Lotz, FL 33548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAY 31 PM 2:20

FEDERAL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 23, 2018

John S. Turano
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John S. Turano

Typed or printed name of signee