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(Req	uestor's Name)	
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STATE ON MICE

COVER LETTER

	Registration Sec Division of Corp					
oue te c		URCES LLC				
SUBJEC	:T:	Name of Lim	ited Liability Company			
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspor	ndence concerning this matter	to the following:			
		BEATTIE, EDWARD				
		<u></u>	Name of Person			
		LIEP RESOURCES LLC				
			Firm Company			
1805 N FLAGER DRIVE #307						
		<u></u>	Address			
		WEST PALM BEACH, F.	L 33407			
			City/State and Zip Code			
		nedbeattie@shaw.ca				
		h-mail address: (to be used for future annual report in	oufication)		
For furth	er information co	oncerning this matter, please of	all:			
BEATTI	IE, EDWARD		561 563-0030	OV		
Name of Person			Area Code Days	0503 or 403-651 9457 ime Telephone Number		
Englavad	tion when before the	e following amount:				
	00 Filing Fee	S30.00 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)		
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations		

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

liep Vlas	ources U		
(Name of the Lanited Lie (A Flo	ability Company as it now appe orida Limited Liability Company	ars on our records.)	rg p
The Articles of Organization for this Limited Liability Florida document number L18000217404	ty Company were filed on <u>(</u> 	09/13/2018	and assigned 9
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words'	Limited Liability Company," the	designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET AI	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office;		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		<u> </u>	<u>.</u>
New Registered Office Address:	Enter F	lorida strvet 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
MGR	ZARN, ANITA COLLEEN	1805 N FLAGER DRIVE #307 WEST PALM BEACH, FL 33407	
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			Change
			Remove
			Change
			Add
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an effecti o <mark>te:</mark> If t	date, if other we date is listed, the date inserted 's effective date	he date must be s _l I in this block d	pecific and ca oes not med	umot be prior to et the applicat	date of filing the statutory	or more than 9 filing require	(optiona) days after filir ments, this da	l) ng) Pursuant to 60 te will not be lis)5.0207 (led as t
	d specifies a Oth day after			te, but not	an effecti	ve time, at	12:01 a.m	. on the earl	ier of:
ated	Nov.	6	· ·	2018	_·				
K	2/16		mire al-3 me	mber or author	ized represent	ative of a mem	ber		

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Filing Fee: \$25.00