49000103140

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
tified Copies	Certificates	of Status
pecial Instructions to	o Filing Officer.	

Office Use Only



600337314356

11/28/19--01012--021 **80.00

- I - I - E - D

2019 ROV 26 AM 9: 16

Amund

JAN 0 8 2020

COVER LETTER

D: Registration Se Division of Cor		REMG/10
влест:	Name of Lim	ited Liability Company
e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
ase return all correspo	ondence concerning this matter	to the following:
- further information c	B-mail address: of concerning this matter, please concerning the second	Name of Person BEMS LLC Firm/Company Address Address Address City/State and Zip Code to be used for future annual report notification) all:
	20	at ()
Name o	f Person	Area Code Daytime Telephone Number
closed is a check for the	ne 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)
Registr Divisk P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on _ is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: : new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L,C." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change,

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Aut	horized Member		
<u>tle</u> M () ()	Name O	Address 327 South 2Rd Street, Lantana, Florida 33462	Type of Action
LIBA	Jabilange Toulard	Lantana, Florida 33462	Add
			□ Remove
			Change
		_	🗆 Add
			□ Remove
			□ Change
		-	🗆 Add
			□ Remove
			Change
			□ Add
			_□ Remove
			□ Change
			_□ Add
			Remove
			Change
			□ Add
			_□ Remove
			_□ Change

	
effective date is listed, the e: If the date inserted it	an the date of filing:
record specifies a d ne 90th day after tl	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier one record is filed.
ed	
	Colorbusto 1
	Signature of a member or authorized representative of a member
	- 1 1/2 NCFP 1/- 22
	GABILANGE TOWARD Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00