

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H2100083654

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BEACON CENTER FOR LIFE SCIENCE & RESEARCH LLC**

Certificate of Status	0
Certified Copy	1
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MAR - 2 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

H21000083654 3

**TO: Registration Section
Division of Corporations**

SUBJECT: Beacon Center for Life Science and Research 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:

Nancy Torres Kaufman
Name of Person
Beacon Pharmaceutical LLC
Firm/Company
2000 PGA Boulevard Suite 4440
Address
Palm Beach Garden, Florida 33408
City/State and Zip Code
ntorres@beaconcapital.org
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

For further information concerning this matter, please call:

Nancy Torres Kaufman at 561 8889013
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000083654 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beacon Center for Life Science and Research, 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 04/25/2019 and assigned Florida document number L19000113634

This amendment is submitted to amend the following:

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

Beacon Partners Florida, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

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H21000083654 3

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2021 MAR -1 PM 1:49

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H21000083654 3

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

2021 MAR - 1 PM 1:49

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E. Effective date, if other than the date of filing: _____ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 02/26/2021

Signature of a member or authorized representative of a member

Nancy Torres Kaufman

Typed or printed name of signee