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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 19 2020

S. YOUNG

2020 JUL -8 AM 7:24

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BE INK CREATIVE LLC

Name of Limited Liability Company

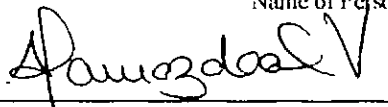
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREINA LARRAZABAL VERA

Name of Person

ALV



Firm/Company

2423 DEER CREEK RD.

Address

WESTON FL 33327

City/State and Zip Code

INFO@BEINKCREATIVE.COM

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

For further information concerning this matter, please call:

ANDREINA LARRAZABAL-VERA

786

4839055

at ( )

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

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

BE INK CREATIVE 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 20, 2019 and assigned  
Florida document number L19000135575

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:

9955 NW 88 TH AVE.

**(Principal office address MUST BE A STREET ADDRESS)**

MEDLEY FL 33332

Enter new mailing address, if applicable:

2423 DEER CREEK RD.

**(Mailing address MAY BE A POST OFFICE BOX)**

WESTON FL 33327

**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:

ARMANDO CONDE RUSSIAN

New Registered Office Address:

2423 DEER CREEK RD.

*Enter Florida street address*

WESTON

*City*

Florida 33327

*Zip Code*

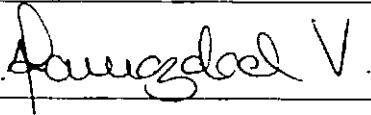

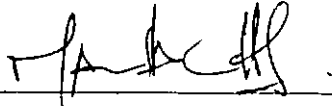
**New Registered Agent's Signature, if changing Registered Agent:**

*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

Title	Name	Address	Type of Action
AMBR	ANDREINA LARRAZABAL VEF	2423 DEER CREEK RD	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARMANDO CONDE RUSSIAN	2423 DEER CREEK RD.	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIANELLA VILLALONGA	1321 SAGO LINE	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Samuel V.  
Signature of a member or authorized representative of a member

Typed or printed name of signee