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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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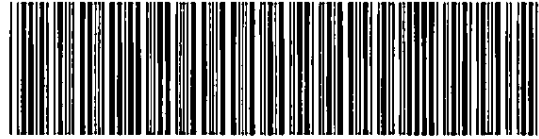
(Business Entity Name)

(Document Number)

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DEC 11 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEEW 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:

FABIANA DE BARROS

Name of Person

LEGIT CONSULTING SERVICES LLC

Firm/Company

6735 CONROY RD UNIT 233

Address

ORLANDO-FL 32835

City/State and Zip Code

INFO@LEGITCS.COM

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

For further information concerning this matter, please call:

FABIANA DE BARROS

407 2852290
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

BEEW 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 05/29/2019 and assigned
Florida document number L19000143647.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7044 SOMERTON BLVD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO-FL 32819

Enter new mailing address, if applicable:

7044 SOMERTON BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO-FL 32819

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:

CARLOS BRUNO LACERDA CARNEIRO

New Registered Office Address:

7044 SOMERTON BLVD

Enter Florida street address

ORLANDO

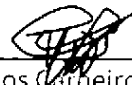
Florida 32819

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.


Carlos Carneiro (Nov 8, 2019)

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>
MGR	CARLOS BRUNO LACERDA CARNEIRO	7044 SOMERTON BLVD ORLANDO-FL 32819	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AR	EVAMAR JOSAO DOS SANTOS	RUA CAMPANHA, 182 APTO 1202 BELO HORIZONTE, MG 30310-770 BR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	EMERSON ROSSETTI SOARES	RUA FERNANDES TOURINHO 611 APTO 1701 BELO HORIZONTE, MG 30112-000 BR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	WADSON SAAB AMORIM	RUA FERNANDES TOURINHO 611 APTO 1701 BELO HORIZONTE, MG 30112-000 FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CARLOS ALBERTO LACERDA CARNEIRO	RUA ABEL ARAUJO 533 BELO HORIZONTE, MG 30350-530 BR	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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


Carlos Carneiro (Nov 8, 2019)

CARLOS BRUNO LACERDA CARNEIRO

Page 3 of 3

Filing Fee: \$25.00