## L19000250965

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
(Only Old College Wy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	ect.	BEH5 LLC		
20091		Name of Limite	d Liability Company	
The en	closed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Karvlina	Torres Name of Person	
		<u>600 S F</u>	ederal Huy ste a	207
		Jen. ji eld	C Black FC 334	<u>'41</u>
		KTorres (	City/State and Zip Code	
		E-mail address: (to	to mes services . wm be used for future annual report notification	on)
For fur	ther information co	oncerning this matter, please call	l:	
	land To	DWU Person	at ( <u>OJU</u> ) <u>380 07</u> Area Code Daytime Tele	phone Number
		ne following amount:		
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C P.O. Box 632		Division of Corpora The Centre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

(Name of the Limited Lia (A Flo	15 L	V ny as it now app	ears on our records.)	<u></u>
(A Flo	orida Limited L	iability Compan	y)	
ne Articles of Organization for this Limited Liabilit orida document number <u>19000 850965</u>	y Company	were filed on	10107/2010	and assigned
nis amendment is submitted to amend the following	ţ:			
If amending name, enter the new name of the l	limited liabi	ility company	here:	
e new name must be distinguishable and contain the words	Limited Liabil	ity Company," th	e designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:				
<u>rincipal office address MUST BE A STREET AD</u>	DRESS)			
nter new mailing address, if applicable:				
ner new mannig address, it applicable: Iailing address MAY BE A POST OFFICE BOX)	<b>)</b>		**	<del></del>
	-			
If amending the registered agent and/or registered and/or the new registered office address her		iddress on ou	r records, <u>enter the</u>	aname of the new registe
Name of New Registered Agent:			····	
New Registered Office Address:				
		Enter i	Florida street address	
		City	Floric	da

Thereby 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. Thereby 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 5: 1	Type of Action
AMER	NINAII WA	150 SE 211 AVE 906	□Add
		Miami & 33131	ŠRemove
			Change
MGC	Eli Hament Baumflex	21051 Bella Vista Cir Boca Raton A 33428	K\ndd
		Boca Raton R 33428	□Remove
			□Change
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<b>fect</b> i m eff	edate, if other than the date of filing: (optional) ive 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 605.020
ote:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	t's effective date on the Department of State's records.
ecor is fil	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
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ated	Allxa M. B. 10
	HONKO M. M. Balo
	Signature of a member or authorized representative of a member
	Alexandre M. Benjo. Typed or printed name of sightee

. . . .

Filing Fee: \$25.00