## L20000386181

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Special Instructions to F	iling Officer:	
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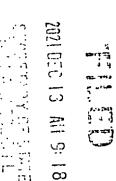
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## **COVER LETTER**

Division of Corp	porations	•			
BEATRAD SUBJECT:	E. LLC	-			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	BEATRIZ P MARQUEZ (	CASTRO			
		Name of Person			
	BEATRADE, LLC				
		Firm/Company			
	3501 WEST VINE ST				
		Address			
	KISSIMMEE, FL 34741				
		City/State and Zip Code			
	beatrizmarquez@beatrade.c	-			
	E-mail address: ()	to be used for future annual report notific	vation)		
For further information ec	oncerning this matter, please ca	all:		12 H	
BEATRIZ P MARQUEZ	CASTRO	321 5571424			٩,
Name of	Person		Telephone Number	2621 DEC 13	1,
Enclosed is a check for th	e following amount:				: ! !*
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status & 😊	

**Mailing Address:** 

TO:

Registration Section

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

B ac lo il o lo

BEATRADE, 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 (Florida document number <u>L20000386181</u>	Company v	were filed on 12/	0/2020 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liabil	lity company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lir	mited Liabilii	ty Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3501 WEST VIN	E ST
(Principal office address MUST BE A STREET ADDRESS)		KISSIMMEE, FL	. 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3501 WEST VINE ST KISSIMMEE, FL 34741	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ddress on our rec	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent: BEA	TRIZ P MA	VRQUEZ CASTRO	)
New Registered Office Address: 3501	WEST VIN	NE ST	
		Enter Floria	a street address
KISS	SIMMEE	·	, Florida <sup>34741</sup>
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
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1100	12/01/2021
(If an effect Note: 1:	(optional) stive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
ie record ord is tile	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 d.
Dated _	DECEMBER 03 2021
	Boatris Haraul Ush. Signature of a nember authorized representative of a member
	BEATRIZ P MARQUEZ CASTRO
	Typed or printed name of signee

Filing Fee: \$25.00