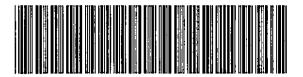
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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Dox	cument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Andre & R. Name of Lim	enee Beeka	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Beeka, Mg	
	Deek	a Music, L	
	1532 U	S Hwy 41 BY	P5#206
	Venice	FL 34293 City/State and Zip Code	5
	andrek E-mail address (peeka@gma°	II. Com
For further information cor	ncerning this matter, please ca	ill:	1022 JU
Andr	e Beeka	al (941) 497-	1875
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		Telephone Number
□ \$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 Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations Hahassee
Tallahassee, Fl	_ 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andre & Renee Beeka, 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 Cor	npany were filed on No	1. 12,202 and assigned
Florida document number <u>L21000 487 11</u>	5	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Beeka Musi The new name must be distinguishable and contain the words "Limited	c, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	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	
		Florida
No. Dari Amed America Nicolator (Calcordin Dari Amedica	City	Florida Zip Code
	Agent:	
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agentaing filed to merely reflect a change in the registered company has been notified in writing of this change.	Agent: d agree to act in this capact aplete performance of my du nt as provided for in Chapte	ty. I further agree to comply with the ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
Mar	Andre Beeka	1532 US Hwy 41134PS + Venice, FL 34293	<i>≒20</i> (₆ ¶Add
		Angelo Andriani	W Remove
			□Change
mgy	Renee Beeka	1532 US HWY41BYP57 Venice, FC 34293	‡ シょ B i∧dd
		Michelles Andriani	≅ Remove
		□Change	
			□Add
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<u>Note:</u>	ive date, if other than the date of filing:
If the recor record is fi	d 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 led.
Dated	June 12 2027. Signature of antember of authorized representative A-trinember