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COVER LETTER

TO: Registration Se Division of Cor	ction porations	•	
SUBJECT:	BEEFY B	CURGEN LLC ed Liability Company	
	Name of Limit	ed Etability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	MAR	Name of Person	<u>-</u> S
	BE	Name of Person Firm/Company	46
		Firm/Company Address	
	KL	Address AMU A 3 City/State and Zip Code	- 33/ 77
	E-mail address: (to	City/State and Zip Code VEH HAEFACTORY be used for future annual report notifie	@GMAIL. COM
	oncerning this matter, please cal	ll:	. 20
MARIO Name o	A TORASI FPERSON	at (305) 607 Area Code Daytime	7877 - 7877 - 7877 SET 7877 SE
Enclosed is a check for th	ne following amount:		~ · · · · · · · · · · · · · · · · · · ·
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	section orporations	Street Address: Registration Sect Division of Corp	orations
P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i>Ke</i>	ZFY	BURG	EK	LIC		St
(<u>Na</u>	me of the Limited	Liability Compan Florida Limited L	i <u>y as it now:</u> iability Com	appears on our reco pany)	ords.)	
The Articles of Organization for t	his Limited Liab 2 000 Y	oility Company (were filed (on <i>9/16</i>	12022	and assigned
This amendment is submitted to a						
		_	lite: aansna	.m.: hama		
A. If amending name, enter the	new name of the	ne namteu naon	nty compa	my nere:		
The new name must be distinguishable a	nd contain the wor	ds "Limited Liabili	ty Company,	" the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices add	ress, if applical	ole:				
(Principal office address MUST	BE A STREET	ADDRESS)				
Enter new mailing address, if a	nnlicablar					
(Mailing address MAY BE A PO	Ί΄	QX)				
(Maning dualess Miles Diz 11 V	<u> </u>	<u> </u>				
B. If amending the registered a agent and/or the new registered			ddress on	our records, <u>ent</u>	er the name o	f the new registere
Name of New Registere	d Agent:					
New Registered Office	Address:				<u>.</u> .	
-			Ent	ter Florida street add	ress	
			City		Florida	Zip Code
New Registered Agent's Signature	sif changing Re	gistered Agent:	C.I.,			 ,
I hereby accept the appointmen provisions of all statutes relativ accept the obligations of my po- being filed to merely reflect a c company has been notified in w	t as registered to the proper sition as registe hange in the re	agent and agre and complete pered agent as pogistered office office of the contraction and the contraction are as a second contraction and the contraction are as a second contraction are a second contraction are as a second contraction are a secon	performan rovided fo	ice of my duties, or in Chapter 60,	and I am fam 5, F.S. Or. if t	illiar with and this document is
	1	If Chang	ging Register	red Agent, Signatur	e of New Registi	ered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title <u>Name</u> MARIU A. TORRES AMBR _____ □ Change _____ □Add ___ □Remove _____ Change bbA □ _____ ___ □Remove □Add _____ □Remove ____ Change ___ □Ađd □Remove _____ Change □Add Remove □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ote: If the	e date inserte	d in this block	te of filing: _ specific and can does not meet riment of State	t the applicable	te of filing or more statutory filing re	(optic than ⁹⁰ days after equirements, this	onal) filing.) Pursuant to 60 date will not be li)5.020 sted as
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is filed.	,							
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