

L230000271654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

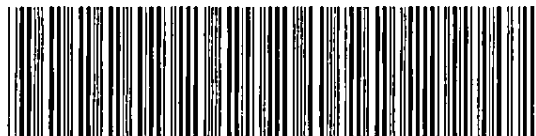
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BEAGLES GROUP 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:

ADRIAN GARCIA BENITO

Name of Person

BEAGLES GROUP LLC

Firm/Company

5930 NW 99th AVENUE UNIT 9

Address

DORAL, FLORIDA 33178

City/State and Zip Code

BS USA GROUP CORP

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

For further information concerning this matter, please call:

ADRIAN GARCIA BENITO

at (**305**) **962-5720**

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	PALERMO, EUGENIO	600 E CAMPUS CIR	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARCIA BENITO, ADRIAN	5930 NW 99th AVENUE UNIT 9	<input type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEREZ, LYTZ C	5930 NW 99th AVENUE UNIT 9	<input type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GARCIA BENTTO, ADRIAN	5930 NW 99th AVENUE UNIT 9	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PEREZ, LYTZ C	5930 NW 99th AVENUE UNIT 9	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 25 2023

25



Signature

Signature of a member or authorized representative of a member

ADRIAN GARCIA BENITO

Typed or printed name of signee

Filing Fee: \$25.00