

10/25/23, 5:29 PM

Division of Corporations

L23000468448

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MAS FINANCIAL GROUP INC
Account Number : I20070000101
Phone : (954)873-9018
Fax Number : (800)559-9305

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CJSemasFINANCIALGroup.com

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STATE
DIVISION OF
CORPORATIONS
FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEEPRO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. H. J. 1770

OCT-27-2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEEPRO, 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 Company were filed on 10/11/2023 and assigned
Florida document number L23000468448.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2716 OAKMONT COURT
(Principal office address MUST BE A STREET ADDRESS) WESTON, FL 33332

Enter new mailing address, if applicable: 2716 OAKMONT COURT
(Mailing address MAY BE A POST OFFICE BOX) WESTON, FL 33332

B. If amending the registered agent and/or registered 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 _____
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, 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>
MGRM	JIMENA GARCIA PINTO	2716 OAKMONT COURT	<input type="checkbox"/> Add
		WESTON, FL 33332	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FEDERICO AYESA	2716 OAKMONT COURT	<input type="checkbox"/> Add
		WESTON, FL 33332	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**