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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 : (941)907-3999 Phone

Fax Number : (941)840-5559

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

Email Address: Cara @ beg in to buyliving . con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

101 7TH, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 101 7TH, L | LLC | | • |
| SUBJECT: | Name of Lim | ited Liability Company | 一一 |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | MI JUL 27 PH 2: 05 |
| | | | 2 |
| Please return all correspo | ondence concerning this matter | to the following. | 5. |
| | Sean Kelly | | 1967 3 |
| | | Name of Person | |
| | Najmy Thompson, P.L. | | |
| | | Firm/Company | |
| | 1401 8th Ave W | | |
| | | Address | |
| | Bradenton, FL 34205 | | |
| | | City/State and Zip Code | |
| | Cara@beachtobayliving.co | m to be used for future annual report notificati | ion) |
| For further information c | concerning this matter, please c | | |
| Deividas Gizys | | 941 7482216 at() | |
| Name o | of Person | Area Code Daytime Tel | lephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$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) |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration Section | n |
| Division of C | | Division of Corpor | |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 101 7TH, LLC | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records,) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L21000119548 | Company were filed on 03/12/2021 | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "I. | imited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ·····- |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | e name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flor | ida 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

| Title | Name | Address | Type of Action |
|-------------|--------------|---------------------|----------------|
| MGR | Roman Eckert | 1401 8th Ave W | = Add |
| | | Bradenton, FL 34205 | □Remove |
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| n effective date is listed, the date te: If the date inscreed in th | the date of filing: must be specific and cannot be prior to da s block does not meet the applicable e Department of State's records. | te of filing or more than 90 days after | filing.) Pursuant to 605.020 |
| cord specifies a delayed effe s filed. | ctive date, but not an effective time, | at 12:01 a.m. on the earlier of: (b | The 90th day after the |
| July 27 | , 2021 | | |
| ted | | | |
| Ann M. Ih | Signature of a member or authorized | | |

Filing Fee: \$25.00