

122 000050428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

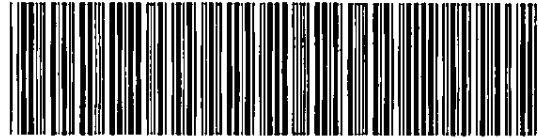
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2022 FEB 16 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAN POINT RESIDENCE 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:

LINDA VOTRUBOVA
Name of Person

BEAN POINT RESIDENCE LLC
Firm/Company

459 WALLS WAY
Address

OSPREY, FL 34229
City/State and Zip Code

linda.votrubova@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Votrubova at 941 840 3188
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEAN POINT RESIDENCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2022 FEB 16 AM 11:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/26/2022 and assigned
Florida document number L22000050428

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:

(Principal office address MUST BE A STREET ADDRESS)

459 WALLS WAY

OSPREY, FL 34229

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

459 WALLS WAY

OSPREY, FL 34229

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>
<u>AMBR</u>	<u>PETR DEUREC</u>	<u>784 NORTH SHORE Dr.</u>	<input type="checkbox"/> Add
		<u>ANNA MARIA, FL 34217</u>	<input checked="" type="checkbox"/> Remove
	<u>SIMONA</u>		<input type="checkbox"/> Change
<u>AMBR</u>	<u>DEURCOVA BRAZDILLOIA</u>	<u>784 NORTH SHORE Dr.</u>	<input type="checkbox"/> Add
		<u>ANNA MARIA, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34217</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LINDA VOTRUZKA</u>	<u>459 WALLS WAY</u>	<input checked="" type="checkbox"/> Add
		<u>OSPREY, FL 34229</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Petr Jurka Silvana Dura Bruck
Signature of a member or authorized representative of a member

PETR JURKA SILVANA DURCA BRUCKA
Typed or printed name of signee