L23000018103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE MAY 2 6 2023

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2023 MAY 26 Alt 9: 20 SECRETARY OF STATE TALL AHASSEE THOR

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COVER LETTER

TO: Registration Section Division of Corporations

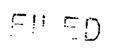
SUBJECT: Beach Side Logistics LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
John Richards (Contact Person)
Beach Side Logistics LLC
729 Luna Dr (Address)
Ormond Beach, FL 32176 (City/State and Zip Code)
For further information concerning this matter, please call:
John Richard S at (386) 871-5573 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$\$ \$25 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 202





OF 2023 HAY 26 AH 9: 20
SECRETARY OF SAME

BEACHSIDE LOGISTICS LLC SECRETAI (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 2-13-2023 and assigned Florida document number LZ300078103 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

__, Florida <u>__</u>

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>	Address	Type of Action
MER	CAROLYN HAIRT	729 LUNA DR. ORMUND BETCH FL 3717(□Add
			# Remove
			□Change
			□Add
			□Remove
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			_ □Change
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			_ □Change
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			_ □Remove
			_ □Change

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If ar <u>No</u>	effective date, if other than the date of filing:
ecord i	cord 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 stiled.
Dat	ed 5-26-2023
	Signature of a member or authorized representative of a member
	— A
	TOHN RICHARDS Typed or printed name of signee