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US 6/30/20

COVER LETTER

TO:

Registration Section
Division of Corporations

	Beach Blvd., LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christopher M. Bauer, Esq	l.	
		Name of Person	
	Dunlap & Moran, P.A.		~ ~
	<u></u>	Firm/Company	1 020 v
	P.O. Box 3948		
		Address	25.72
	Sarasota, Florida 34230		2020 JUN 12 PH 4: 02 TALLYTIAN SEE TESTINE
		City/State and Zip Code	
	Jmoranstaff@dunlapmoran		>
	E-mail address: (to be used for future annual report notific	ration)
For further information co	ncerning this matter, please c	all:	
Christopher M. Bauer, Es	q .	941 309-1330 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

436 Golden Beach Blvd., LLC

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L20000098372	ability Company	were filed on04/07/2020	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited l <u>iab</u>	ility company here:	
Golden Beach on the Island LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
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)	N/A		
		N/A	
Enter new mailing address, if applicable:		N/A	
0	NIA	\$10 PO	
muning dualess may be a rost of res	<u> </u>	N/A	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address	N/A		
New Registered Office Address:		Enter Florida stree	address
	N/A		, Florida N/A
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	1	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Cha	nging Registered Agent, Sign	nature 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>	Type of Action
N/A	N/A	N/A	
		N/A	Remove
		N/A	Change
N/A	N/A	N/A	
		N/A	
		N/A	Fig. 202 □Change
N/A	N/A	N/A	Add Perrova
		N/A	
		N/A	P □ Remove Change
√A	N/A	N/A	
		N/A	□Remove
		N/A	□Change
I/A	N/A	N/A	□Add
	N/A	□Remove	
		N/A	□Change
/A	N/A	N/A	□Add
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	Date of Filing		
e date, if other than the date of filing: _ tive date is listed, the date must be specific and can		(option	o nal) filing \ Pursuant to 605.0
the date inserted in this block does not mee	the applicable statutory filing	requirements, this	s date will not be liste
it's effective date on the Department of State	's records.		
specifies a delayed effective date, but not an	effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day after
d.			
une 8	020		
	1		
Nilean In	anothe Hackles)	
Signature of a mer	ber or authorized representative	of a member	
n			•
Rebecca Connolly Hackler, Manager			
ጥ.	ed or printed name of signee		