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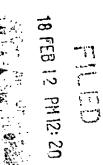
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COVER LETTER

	istration Sec ision of Corp		,		
CUDIDATE.		s U.S.A., LLC			
SUBJECT:			ted Liability Company		
•					
The enclosed	Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		James Brent Burchett			
			Name of Person		
		Beachside Hospitality TSS	, LLC		
			Firm/Company		
	11201 Corporate Cir. North Suite #100				
	•		Address		
		St. Petersburg, FL 33716			
			City/State and Zip Code		
		brentb@bshgrp.com	to be used for future annual report notif	·	
For further in	nformation co	encerning this matter, please ca	•	ication)	
James Brent	Burchett		727 330-9175 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L02000008370</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Beachside Hospitality TSS, LLC		18 10 m
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	6
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The Regional of The Fidules.	Enter Florida si	reet 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:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change 20
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n effective date is listed, the date must be specifi te: If the date inserted in this block does i	c and cannot be p not meet the an	prior to date of filir plicable statutor	ig or more than 90 day v filing requirement	s after filing.) Pursuant ts. this date will not l	to 605,020 be listed a
cument's effective date on the Department	of State's reco	rds.	, ,		
record specifies a delayed effective	ve date, but	not an effect	tive time, at 12	:01 a.m. on the	earlier d
he 90th day after the record is fil	led.				
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Typed or printed name of signee

Filing Fee: \$25.00