L020000 29316

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COVER LETTER

Registration Section Division of Corporations

TO:

	ANT-BEACH & ASSOCIATE	ES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES PICKENS		
		Name of Person	·-·-
	KINSEY, VINCENT, PYL	LE P.L.	2020 C
		Firm/Company	
	150 S. PALMETTO AVE	NUE, SUITE 300	2020 JUN 22 PH 3:
		Address	PH (
	DAYTONA BEACH, FLO	DRIDA 32114	08.11
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	JP@KVPLAW.COM		
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
JAMES PICKENS		386 252-1561	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he 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 (Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/01/2002	and assigned	
Florida document number L02000029316			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
STURDYBEACH, LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	 	202 7.33	
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	<u> </u>	
		5: N F	
		ine -0 . []	
Enter new mailing address, if applicable:		Te Ph. II	
(Mailing address MAY BE A POST OFFICE BOX)		JRIE -	
-		ν ·	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
		FloridaZip 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>	Name	Address	Type of Action
			□Remove
			Change
		□Add SZE J □ Remove-	
			22 □Change 3: Add
			□ Remove
			□Change
			□Remove
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ective date, if other than th	06/18/2020 e date of filing:	(op	tional)
effective date is listed, the date mu	ist be specific and cannot be prior to date of clock does not meet the applicable sta	f filing or more than 90 days af	ter filing.) Pursuant to 605.020
rument's effective date on the I		,g .equec, .	ind date iviti not be fisted a
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after the
ed	2020		
//			
James	Signature of a member or authorized re	presentative of a member	