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COVER LETTER

TO: Registration S Division of Co			
Beach Ga			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Fran Dauba		
	Beach Gap, LLC	Name of Person	, <u>, , ,</u>
		Firm/Company	
	1615 N Green St		
	Pensacola, FL 32505	Address	
	fran@prime-mechanical.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Fran Dauba		850 429-1099 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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:

TO:

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

Beach Gap, LLC			
(Name of the Lim	Ited Liability Comp: (A Florida Limited	any as it now appears on a Liability Company)	our records.)
he Articles of Organization for this Limited orida document number L05000094745	Liability Company	were filed on 9/27/200	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
te new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		Stays the same	
rincipal office address MUST BE A STRE	ET ADDRESS)		2019 SEC TA
nter new mailing address, if applicable:		Stays the same	JUL 18
failing address MAY BE A POST OFFICE	E BOX)		
			7: Z: O
If amending the registered agent and gistered agent and/or the new registered	• •		records, enter the name of the
Name of New Registered Agent:	Dorothy B Fox	: 	
New Registered Office Address:	1615 N Green		
	Pensacola	Enter Florida st	
	r chsacola	City	, Florida 32505 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>	Type of Action
VP	Emmett L Fox Deceased 6/11/19		□ Add
		1615 N Green St Pensacola, F1 32505	■ Remove
			☐ Change
MGR	Joshua C Simpson	1615 N Green St Pensacola, FL 32505	Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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n effective da ote: If the d	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depa	specific and ca does not mee	innot be prior to et the applicab	date of filingle statutory	g or more than filing requir	option (option 90 days after ements, this	tiling.) Pursuan	t to 605.02 be fisted a
	ecifies a delayed e ay after the record		te, but not a	an effect	ive time, a	t 12:01 a	.m. on the	earlier
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	L) Who f	nature of a me	L Tinber or authoriz	zed represer	itative of a me	mber	<u> </u>	
_	othy B Fox	J		,				

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Filing Fee: \$25.00