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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 : (941)625-1925 Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ...

Email Address: boardwalk17@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BELMAR LLC**

Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

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MAY 1 3 2020

2020 MAY 12 PH 12: 59

	BELMAR LLC	: 11112.59	
Name of the Limited Lia (A Flo	bility Company as it now apprida Limited Liability Compan	gears on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number		· -	and assigned
This amendment is submitted to amend the following	::		
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words "	Limited Liability Company," (he designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
(Mailing address MAT BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent:	ered office address on ou re:	ur records. <u>enter the name of</u>	the new registered
New Registered Office Address:	L'arra	Clarida er eur addras v	
	Enter Florida street address		
	City	, Florida	ip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in t nd complete performanc ed agent as provided for stered office address, I h	e of my duties, and I am Jami in Chapter 605, F.S. Or. if th	is document is
	If Changing Registers	ed Agent, Signature of New Register	ed 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

Title	<u>Name</u>	2020 MAY 02 PH 12: 59	Type of Action
MGR	CYNTHIA ECKEL	2864 OCEANSIDE ŞTREET	⊟Add
		NORTH PORT, FL 34286	Remove
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(If an effective date is Note: If the date	f other than the date of slisted, the date must be spe inserted in this block doctive date on the Departm	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0.207 sees not meet the applicable statutory filing requirements, this date will not be listed as
he record specifies ord is filed.	a delayed effective date,	but not an effective time, at 12 (1 a.m. on the earlier of: (b). The 90th day after the
Durad	MAY 12	2020
Dated		
		On July
-	Signati	ture of a member or milliorized representative of a member
		ELIZABETH M. LINDSEY

Filing Fee: \$25.00