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COVER LETTER

Division of Cor	porations	•	
SUBJECT:K	Thounne Beccel	h Pantnens LIC.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Wuphe	Stalling Name of Pason	
	Melbourne	Beach Pantners	LLC
	<u>bio</u>	Mango Prive	
	Melbou	inc Beach Fl 3 City/State and Zip Code	2951
	Winckskelling E-mail address (g Egmail. com	lication)
For further information c	oncerning this matter, please ca		
Waple S	Helling Person	at (<u>321</u>) <u>120 - (</u> Area Code Daytimo	2007. Teléphone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	\$2,000 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mclbourne Beach Po	antnens LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{11/12/2009}{2009}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- bio Mango De Melbourne Beach, Fl 32951
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	bio Mango Dr. \$ Tklbourne Beach Flosigsi
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent: Wuy	oke Stelling Grave. ango Dr. Enter Florida street address
New Registered Office Address: 610 Mc	2090 Dr_ Enter Florida street address
Melbou	trice Beach Florida 32951 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

Type of Action Address Title Name MGR Gi Master Partnership, UC 21 West Fee Ave Suite F Kremove Melbourne FL 32901 - Change MGR Stelling This 610 Mango Dr. - Remove Melbourne Beach, Fl Khange HGR Stelling Grave Wupke 32951 Add

bio Mango Dr. - Remove

Telbourne Beach, Fl 32951 ** Change ____ □Add _____ □Change _____ □Change □ Remove _____ □Change

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fective date, if other than the date of filing: in effective date is listed, the date must be specific and can inter the date inserted in this block does not meet cument's effective date on the Department of State	the applicable statu	filing or more than H		
ecord specifies a delayed effective date, but not an c is filed.	ffective time, at 12	:01 a.m. on the ear	lier of: (b) The 90	9th day after the
ned January 5th.	2021	HIA.	2	
•	ber or authorized repr	~		
Wuphe Ste		/		

Filing Fee: \$25.00