

LI 000104245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

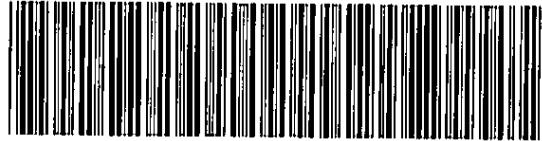
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 SEP -6 AM 8:58  
SECOND  
TALLAHASSEE, FL

SEP 16 2019  
C Kinsey

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BEACHY BEACH INVESTMENTS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANNON L WIDMAN  
Name of Person  
PORATH & ASSOCIATES  
Firm/Company  
600 GRAND BLVD #201  
Address  
DESTIN, FL 32550  
City/State and Zip Code  
SHANNON@PORATHLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON WIDMAN 850 622-0102  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

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>                  | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------------------|--------------------------------------------|
| MGRM         | KAREN SMITH         | 17500 PANAMA CITY BEACH<br>PKWY | <input type="checkbox"/> Add               |
|              |                     | PANAMA CITY BEACH, FL<br>32413  | <input checked="" type="checkbox"/> Remove |
|              |                     |                                 | <input type="checkbox"/> Change            |
| MGRM         | HILARY FARNUM-FASTH | 5410 CO HWY 30A STE 103         | <input checked="" type="checkbox"/> Add    |
|              |                     | SANTA ROSA BEACH, FL<br>32459   | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |


[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 3, 2019

  
Signature of a

Signature of a member or authorized representative of a member

CHAD FARNUM

Typed or printed name of signee