

L12000 129 735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

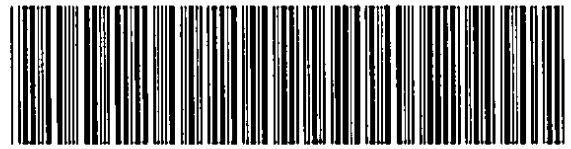
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600327221796

04/08/19--01015--036 **25.00

FILED
2019 APR -8 PM 1:32
CIVIL SERVICE

Amend

APR 13 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACH HAVEN 1962, 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:

ROBERT E. BOUTWELL
Name of Person

ROBERT E. BOUTWELL P.A.
Firm/Company

411 EAST HILLSBORO BLVD.
Address

DEERFIELD BEACH, FL 33441
City/State and Zip Code

rboutwell.law@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Boutwell 954 428-0300
at ()
Name of Person *Area Code* *Daytime Telephone Number*

Enclosed is a check for the 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 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 HAVEN 1962, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 APR 19
FILED
PH 1:32

The Articles of Organization for this Limited Liability Company were filed on October 11, 2012
Florida document number L12000129735

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

242 SE 2ND AVE.

(Principal office address MUST BE A STREET ADDRESS)

BOYNTON BEACH, FL 33435 US

Enter new mailing address, if applicable:

242 SE 2ND AVE.

(Mailing address MAY BE A POST OFFICE BOX)

BOYNTON BEACH, FL 33435 US

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PETER G. ELIAS

New Registered Office Address:

242 SE 2ND AVE.

Enter Florida street address

BOYNTON BEACH

Florida

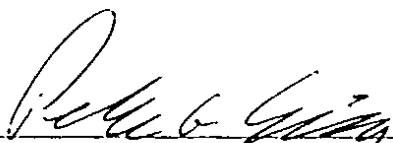
33435

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Type of Action</u>
MGR	PETER G. ELIAS	242 SE 2ND AVE. BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HELEN M. JOHNSON	4505 SOUTH OCEAN BLVD. #107	<input type="checkbox"/> Add
		HIGHLAND BEACH, FL 33487	<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.

Dated April 5, 2019.

Handwritten signature of Peter G. Elias

Signature of a member or authorized representative of a member

PETER G. ELIAS

Typed or printed name of signee