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COVER LETTER

TO: Registration Section **Division of Corporations**

Beaches Coffee & More 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:

Debbie A Fox

Name of Person

The Beach Essentials LLC

Firm/Company

1262 Beach Blvd.

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

foxdebbie91@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie A Fox

at (904) 442-3473

Area Code & Daytime Telephone Number

Name of Person

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

Beaches Coπee & More LLC (Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.	
The Articles of Organization for this Limited Liability Florida document number L13000046195			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The Beach Essentials, LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)	Þ	2013
		<u> </u>	
		2	
Enter new mailing address, if applicable:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			
			5 P: 29
			9 m
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street addres	s
		, Florida	
	City		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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			EGY PR	
			ARY OF STATE Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
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. If amé	'nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted	·
	Debie FO
	Signature of a member or authorized representative of a member
	Debbie A. Fox
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE