

L13000123282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachside Maintenance & Services, 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:

Melinda Alban

Name of Person

Beachside Maintenance & Services, LLC

Firm/Company

487 Sweet Blossom Bend

Address

Freeport, FL 32439

City/State and Zip Code

melinda@beachsideservicesfl.com

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

For further information concerning this matter, please call:

Melinda Alban

Name of Person

at (443)

Area Code

821-5730

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Beachside Maintenance & Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/30/2013 and assigned Florida document number L13000123282.

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:

(Principal office address MUST BE A STREET ADDRESS)

487 Sweet Blossom Bend

Freeport, FL 32439

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

487 Sweet Blossom Bend

Freeport, FL 32439

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:

Eric Alban

New Registered Office Address:

487 Sweet Blossom Bend

Enter Florida street address

Freeport

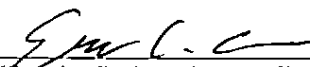
City

Florida

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Simon Manyweather	1803 Martha Lane	<input type="checkbox"/> Add
		Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Alban	487 Sweet Blossom Bend	<input checked="" type="checkbox"/> Add
		Freeport, FL 32439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melinda Alban	487 Sweet Blossom Bend	<input checked="" type="checkbox"/> Add
		Freeport, FL 32439	<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

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

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TALLAHASSEE, FL

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SECOND AND STATE
MALL MIAMI BEACH FL

57

E. 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.

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 AUGUST 18, 2020

Melinda Evans

Signature of a member or authorized representative of a member

Melinda Alban

Typed or printed name of signee

Filing Fee: \$25.00