## L13 OCC 159956

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## **COVER LETTER**

	egistration Se ivision of Co					
		T BEACH, LLC				
SUBJECT	:	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Joe Dobson				
			Name of Person		_	
		Phillips Capital Partners,	ne.			
		_	Firm/Company		_	
		42 Business Centre Dr., U	nit 101		2020 DEC 54.08317 54.134	
			Address			77
		Miramar Beach, FL 32550	)		28	
			City/State and Zip Code		PH 3: 04 Of STATE SSEELFL	
		joe@phillipscapital.com	to be used for future annual report notifi	ention	E 2 2 1	, ,
For further	information c	oncerning this matter, please c		CHIVITY		•
Joe Dobson	1		850 684-5634 at ()			
	Name o	f Person	Area Code Daytime	Telephone Numbe	:r	
Enclosed is	a check for th	ne following amount:				
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	niling Addres gistration S		Street Address: Registration Sect	ion		
Di	vision of C	orporations	Division of Corp	orations		
	D. Box 632 Ilahassee, I		The Centre of Ta 2415 N. Monroe		310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GE/FRONT BEACH, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record led Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Comp.	any were filed on 11/14/2013	and assigned
Florida document numberL13000159956		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
Kukla RV Resport, LLC		
he new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Inter new mailing address, if applicable:		2020 t Sector
		ु ह ग
Mailing address MAY BE A POST OFFICE BOX)		8
	<del></del> -	in <u>≅</u> in
3. If amending the registered agent and/or registered offi	ee address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	ee accircus on our records; errer	F 9
		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
N. D. C. 1005 All .		
New Registered Office Address:	Enter Florida street addres	· · ·
	FI.	orida
<del></del>	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			28 Folkement 3: Office Change
			□ □ □ Change
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	2020 1507 1741
	ACCEPTANCE TO
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fective date, if other than the date of filing:	(optional)
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ediment's effective date on the Department of State s records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
is tiled.	
, December 21 2020	
ted	

Filing Fee: \$25.00

Typed or printed name of signee