14000048160

(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:
Wrong from



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APR 2 6 2019
J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Beac	L Buns Flying Name of Lint	ded Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Justia	Stova ()	
		Name of Person	
		Firm/Company	
	6425	S Huy Al	<u>A</u>
	A. ()	Address	-
	Melbourn	e Beach, FL	3295/
	jstova	SHW/All Address Beach FL City/State and Zip Code Compared to be used for future annual report notification.	
For first on in formation or	,,,,, (,		cation)
.	oncerning this matter, please ca	ш:	
Justin S	lovell	at (321) 432-	2768
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2018

JUSTIN J STOVALL 6425 HWY A1A MELBOURNE, FL 32951

SUBJECT: BEACH BUMS FLYING CLUB LLC

Ref. Number: L14000048160

We have received your document for BEACH BUMS FLYING CLUB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been be filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00006784

MECEIVED

MIS APR 25 AM 10: L(

DEPARTMENT OF SSAN

DIVISION OF CORPORATION

DIVISION OF CORPORA

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

Beach Buns Fl.	ying OCO Club	LLK
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our recorded Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 31041	14 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/4	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:	N/A	<u>.</u>
New Registered Office Address:	N/A Enter Florida street address	
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	

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 Title Name **Address Type of Action** Patrick E. Roth X. 8985 SHW, AIA Melhourse Beach FL 32951 . ☐ Remove ☐ Change AMBR Tyler R. Foster 277 Hiamatha Way - Add FL 32951 ARemove ☐ Change Bruce R. Black AMBR Mellomers Beach FL 32951 ☐ Change AMBR Chris Clark 3360 S Atlantic Ave. 🗖 Add # 302 Coroa Beach □ Remove FL 32931 ☐ Change □ Add □ Remove ☐ Change

amending any other info	11						
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ffective date, if other than	the date of filing	;		(optional)		
ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the	e must be specific and	cannot be prior to de	ate of filing or more than	90 days after filing rements, this date	.) Pursua: will not	nt to 60 t be lis	5.020° ted as
ocument's effective date on t	he Department of S	tate's records.		,			
e record specifies a dela The 90th day after the		ate, but not ar	r effective time,	at 12:01 a.m.	on the	e earli	ier o
		_					
ated April 20) ¹ -	2018			3	25	
					1	22 ===================================	
	Signature of a t	nember or authorize	d representative of a mo	ember	护	70	
						25	-
<u></u>	Justin	Stovall			19 ag	23	
		Typed or printed no	ime of signee			=	A TES
					10 m	Ci3 ₽ø	

Page 3 of 3

Filing Fee: \$25.00