L14000194900

(Re	equestor's Name)	<u></u>
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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BECKLANDES PAIS
BLUANASSE FLORIDA

J. HARRIS

COVER LETTER

SUBJECT:	TI BEACI	1 9900, LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
			LEAH CAMPEN	
			Name of Person	
			Firm/Company	
		I	PO BOX 7602	
		•	Address	
		S	T PETERSBURG, FL 33734	
			City/State and Zip Code	
			HCAMPEN@GMAIL.COM to be used for future annual report no	(iffantion)
For further in	formation co	neerning this matter, please ca	·	inication)
LEAH CAMI			773 732-2746 at ()	
	Name of	Person .	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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:

TO:

Registration Section
Division of Corporations

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

11 BEACH 9900, LEC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recorted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Articles of Organization for this Limited Liability Company were filed on 12/23/2016 and assigned dia document number L14000194900 amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." or new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) The rew mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	And the state of t	
Principal office address MUST BE A STREET ADDRESS.		, · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		10 E A
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	285
	, F	loridaZip Code
	Ciú	Zip Coae

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

Title	<u>Name</u>	Address	Type of Action
MGR	CATHERINE SCHILDGEN		
		3844 N PAULINA, CHICAGO, IL	Remove
			Change
AMBR	LEAH CAMPEN	PO BOX 7602	■ Add
		ST PETERSBURG, FL 33734	□ Remove
			Change
AMBR	SMITH DREXEL & KLEIN LLC	412 N MAIN ST, SUITE 100	■ Add
		BUFFALO, WY 82834	□ Remove
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: If the date inserted in this	is block does not	meet the appli	cable statutory				
ment's effective date on the	e Department of	State's record	S.				
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ecord specifies a dela	yed effective	date, but n	ot an effecti	ve time, at 1	2:01 a.m.	on the ea	rlier
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	Signature of	a promber or out	porized represent	tative of a member	<u> </u>		
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Filing Fee: \$25.00