## L150000 58176

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## **COVER LETTER**

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LIBURGE	ITTLE BEA	ANS, LLC				
SUBJECT: _	•	Name of Lim	ited Liability Company		<del></del>	
TI 1 1 1 1		1 16 ()	on to be			
		mendment and fee(s) are sub- dence concerning this matter				
r rease return at	ir correspon	delice conjuning this matter	to the following.			
		STEPHANIE JONAS	<u>; y.</u>			
			Name of Person			
		LITTLE BEANS, LLC		•		
			Firm/Company		·	
		205 MADISON DR				
			Address			
		NAPLES, FL 34110				16 141121
			City/State and Zip Cod	e	<del> </del>	
		E-mail address: (	to be used for future annua	al report notificati	ion)	 
For further info	ormation co	ncerning this matter, please c		•		රා
MICHAEL GE				75-7766		
	Name of	Person	at () Area Code	Daytime Tel	lephone Number	
P. d. P. C.	I -1 C- 41-	6.11.				
		ofollowing amount: ☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee	s &r	□ \$60.00 Filing Fee,	
\$25.00 Fili II DIVISION CORPOR!		Certificate of Status	Certified Copy  (additional copy is e		Certificate of Status & Certified Copy (additional copy is enclosed	
		NG ADDRESS: tion Section		ET/COURIER ration Section	ADDRESS:	
		of Corporations	Divisio	on of Corporation Building	ns	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE BEANS, LLC				
( <u>Name of the Limited Liabili</u> (A Fiorid	ity Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L15000058176	Company were filed on 04/0	1/2015	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
CITIZEN BEACH, LLC				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the abbrev	viation "L.L.C."	•
Enter new principal offices address, if applicable:				<del>-</del>
(Principal office address MUST BE A STREET ADDI	RESS)		<u> </u>	: e:
			<u> </u>	نڌ
			<u>—————————————————————————————————————</u>	٠ .
Enter new mailing address, if applicable:			21	
<b>.</b>			3	
(Mailing address MAY BE A POST OFFICE BOX)			1,9	
	····		<del> </del>	- 1 -
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the</u>	name of the	new
Name of New Registered Agent:				-
New Registered Office Address:	Enter Floria	da street address	<del></del>	<del>-</del>
		, Florida		_
	City		Zip Code	
New Registered Agent's Signature, if changing Registere	d 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 **Type of Action** Title Name **Address** □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove □ Change

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record specifies a delayed effective da	re, but not an effective	time, at 12:01 a.m. on the	e earlier
The 90th day after the record is filed.	, 240	<b>.,</b>	
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	mber or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00