## L5000830/8

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## **COVER LETTER**

TO: Registration Se				
Beach Leas	se, LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub			
Tiesso fotain an correspo	Jason Oakes	to the following.		
		Name of Person	<del></del>	
	Beach Lease, LLC			
		Firm/Company	<del>,</del>	
	22209 Fox Glen Trace			
		Address		
	Panama City Beach, FL 32	413		To The second
	jason@countsrealestate.con	City/State and Zip Code		
		to be used for future annual report notificat	ion)	JAN 20
For further information c	oncerning this matter, please c	all:		O STEEL E
Carlotta Appleman Thac	ker, Esq.	850 769-3434 at ()		ထဲ ြိ
Name o	f Person	Area Code Daytime Te	lephone Number	9
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BEACH L	EASE, LLC		
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 5/11/2015	and assigned	
Florida document number L15000083018	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			4	200
			La Carte	<u> </u>
•			JAN 20	500
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				ں کے موصور
				_ <u>`</u>
				The state of
B. If amending the registered agent and/or registered agent and/or the new registered off			rds, enter the name of the	e new
Name of New Registered Agent:	N/A			_
New Registered Office Address:				
		Enter Florida street ada	ress	
			Florida	·
		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 Title Name <u>Address</u> Type of Action 94 Skyline Court Gelfysburg, PA 17325 Mgr Jeff Lampe Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remov ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing to the date inserted in this block does not meet the applicable statutory furnent's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective 90th day after the record is filed.	filing requirements, this date will not be listed as
ed November 2 31 2016	
Signature of a member or authorized representa	

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Filing Fee: \$25.00