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(((H19000110543 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACH CLUB 1612, LLC

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COVER LETTER

TO:	Registration Sec Division of Cor				•
SUBJE		JUB 1612, LLC			
20000		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please	eturn all correspo	ndence concerning this matter	to the following:		
		DANIEL VIVALDI			
	Name of Person				
	BEACH CLUB 1612, LLC		— . 3	201	
			Firm/Company	—————————————————————————————————————	AP AP
		3475 SHERIDAN ST			· P 平容
			Address		3 55 6
		HOLLYWOOD, FL 3302	1	د منظر و نشد	APPROVED FILED FIL
		1.4127511110711411111111111111111111111111111	City/State and Zip Code		7
		ACCOUNTING2@SILVA E-mail addiess: (to be used for future annual report notif	ication)	
For fun	her information o	oncerning this matter, please of	all:		
DANII	HEL CIPUENTES				
	Name o	l Person	at () Area Code Daytime	Telephone Number	
Unclose	ed is a check for th	te following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60 00 Filing Fee, Certificate of Stat Certified Copy (additional copy is on	tus &
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2561 Executive Center Circle Tallahassee, FL 32301 (((H19000110543 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BEACH CLU	B 1612, LLC		
(Name of the Limite	d Llability Compar A Florida Limited L	ny as it now appears or arability Company)	ı onr records.)	
The Articles of Organization for this Limited Li-		were filed on	06/17/2015	and assigned
Ftorida document number 1.15000105549	·			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	lity company here:	:	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ny Company," the desig	gintion "LLC" of the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A		- 2
(Principal office address MUST BE A STREE	T ADDRESS)			
				100 A 37 B
				3 E38
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address her	ffice address on o <u>c</u> :	ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida	stroet address	
			, Florida _	71. 77. 1
		City		Zip Cock

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: Page 5 of 6 2019-04-0

2019-04-03 18 57 12 (GMT) 1-888-401-1914 From: Silvas Financial Services, LLC

(((H190001105433)))

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>	Name	Address	Type of Action
MGR	PETROCELLI SORIA, SHIRLEY MARIA	3475 SHERIDAN ST	_
		C215	☐ Remove
		HOLLYWOOD, FL 33021	□ Change
			□ Remove
			Charges 14 19 19 ANDR
			Remove D
<u></u>			□ Add
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			fl Change

	Page 6 of 6 (((H I 90))	0110543 3)})	2019-04-03 18:57 12 (GMT)	1-888-401-1914 From: Silvas Financial Services
ļ			ter change(s) here: (Attach additic	onal sheets, if necessary.)
	N/A			
				2
				生命 5
				
			•	
				<u> </u>
			62/02/2016	
	E. Effective	date, if other than the date of	filing:	(optional) ore than 90 days after filing.) Pursuant to 605 0207 (3)(b)
	(II an effecti Note: II i	ve date is bsted, the date must be spec he date inserted in this block does	the and cannot be prior to date of filing or m s not meet the applicable statutory filin	g requirements, this date will not be listed as the
	document	's affactive date on the Departme	nt of State's records.	
	If the recor	d specifies a delayed effect	tive date, but not an effective t	ime, at 12:01 a.m. on the earlier of:
	(b) The 90	th day after the record is	filed.	
	Dated	PRIL 03	2019	
	-2		Klasish	
		Signam	e of a member of anithorized representative	of a member
			DANIEL VIVALDE/ DASII	Y CORP
			Typed or printed name of signee	

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Filing Fee: \$25.00