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J. Hopelie

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT:	x Beach Ho	Spitality Group ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Robert	Tiba Name of Person	· · · · · · · · · · · · · · · · · · ·
	Jax Beach	h Hospitality Gr	OUP LIC
	3948 Sou	th 3rd Street	# 373
	Jackson	City/State and Zip Code, FL.	32250
	E-mail address: (1	to be used future annual report notifi	n ication)
For further information co	oncerning this matter, please ca	all:	,
Robert Name o	Tilba	at (904) 465. Area Code Daytime	-5280 Telephone Number
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

Tax Beach Hospitalit	Y Group LIC
(Name of the Limited Liability Compa (A Florida Limited	Liability Company) 8119
The Articles of Organization for this Limited Liability Company	were filed on $\frac{12-27-14}{2}$ and assigned
Florida document number <u>L15000140062</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3948 South 301 Street #37
(Principal office address MUST BE A STREET ADDRESS)	DOCKFORNINE BEOCH, FI 32250
Enter new mailing address, if applicable:	3948 South 3rd Street, ++ 373
Mailing address MAY BE A POST OFFICE BOX)	Jacksonille Beach, Fr. 32250
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	Towery
New Registered Office Address: 115 0	2th Avenue Sowh#80
Jerre	Wile Beach, Florida 32250 Zip Code
Naw Dagistarad Agant's Signatura if changing Dagistarad Agant	

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.

Page 1 of 3

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 ☐ Change □ Add . □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove

□ Remove

☐ Change

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Filing Fee: \$25.00