

07/20/2022 15:16  
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(FAX)

P.001/004

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H220002466393

L15000/40693

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305)932-6262  
Fax Number : (305)933-9393

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

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEACH CONDO WATER, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BEACH CONDO WATER, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/17/2015 and assigned  
Florida document number L15000140693

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20900 BE 30th Avenue, Suite 703Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20900 BE 30th Avenue, Suite 703Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

AMERICAN BROKERS MANAGEMENT, LLC

New Registered Office Address:

20900 BE 30th Avenue, Suite 703

Enter Florida street address

Aventura

City

Florida 33180

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

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TALLAHASSEE, FLORIDA

H22 000 2 966 5 1 &gt;

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------------------|--|
| MGRM         | ELBAUM, NATALI    | 2625 WESTON ROAD                | <input type="checkbox"/> Add               |
|              |                   | SUITE D                         | <input checked="" type="checkbox"/> Remove |
|              |                   | WESTON, FL 33331                |  |
| MGRM         | MAGRELIA SA       | 20900 BE 30th Avenue, Suite 703 | <input checked="" type="checkbox"/> Add    |
|              |                   | Aventura, FL 33180              | <input type="checkbox"/> Remove            |
| MGRM         | PEGOY CORPORATION | 20900 BE 30th Avenue, Suite 703 | <input checked="" type="checkbox"/> Add    |
|              |                   | Aventura, FL 33180              | <input type="checkbox"/> Remove            |
|              |                   |                                 | <input type="checkbox"/> Add               |
|              |                   |                                 | <input type="checkbox"/> Remove            |
|              |                   |                                 | <input type="checkbox"/> Add               |
|              |                   |                                 | <input type="checkbox"/> Remove            |
|              |                   |                                 | <input type="checkbox"/> Add               |
|              |                   |                                 | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE THE ADDRESS FOR THE MGRM:

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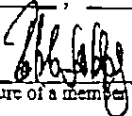
20900 BE 30th Avenue, Suite 703

Aventura, FL 33180

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated July 19, 2022

  
Signature of a member or authorized representative of a member

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Typed or printed name of signee

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