## L15000177643

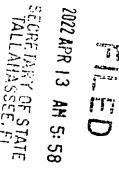
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| PICK-UP WAIT MAIL                       |   |
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| (Business Entity Name)                  |   |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | _ |
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| Anzo(xxx) 1693                          |   |
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Office Use Only



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A. BUTLER MAY 11 2022

## **COVER LETTER**

TO:

Registration Section

| Division of Co                                | rporations  | •   |   |
|---|---|---|---|
| O = 1 = 1 = 1 = 1 O = 1                       | ND FRUIT & HONEY CO LL                                | C   |   |
| SUBJECT:                                      | Name of Lim   | ited Liability Company  |   |
| The enclosed Articles of                      | f Amendment and fee(s) are sub                        | mitted for filing.  |   |
| Please return all corresp                     | ondence concerning this matter                        | to the following:   |   |
|   | THERESA W MORGAN                                      |   |   |
|   |   | Name of Person  |   |
|   | BEACHCOMBER PROP                                      | ERTIES LLC  |   |
|   | <del></del>   | Firm/Company  | ·····   |
|   | 935 BEACHCOMBER LZ                                    | ANE   |   |
|   |   | Address   |   |
|   | INDIAN RIVER SHORES                                   | S. FL 32963   |   |
|   |   | City/State and Zip Code   | ·   |
|   | THERESA@TMORGANG                                      |   |   |
| For further information                       | E-mail address: t<br>concerning this matter, please c | to be used for future annual report not                             | (ification)   |
|   | concerning and matter, prease e                       |   |   |
| THERESA MORGAN                                |   | 239 776-8716<br>at ()<br>Area Code Daytin                           |   |
| Name  | of Person   | Area Code Daytii  | ne Telephone Number   |
| Enclosed is a check for                       | the following amount:                                 |   |   |
| □ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee & Certificate of Status          | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre                                 |   | Street Address:<br>Registration So                                  | ection  |
| Registration Section Division of Corporations |   | Division of Corporations  |   |
| P.O. Box 63                                   |   | The Centre of   |   |
| Tallahassee,                                  | FL 32314  | 2415 N. Monroe Street, Suite 810                                    |   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 13 AM 5:58

GOODLAND FRUIT & HONEY COILLC

(Name of the Limited Liability Company as it now appears on our records) Fat. 1 OF STATE

(A Florida Limited Liability Company)

IALLAHASSEE, FL

| The Articles of Organization for this Limited Liability Cor  | mpany were filed on 10/19/2015             | and assigned                 |
|--|--|------------------------------|
| Florida document number L15000177643   | ·  |                              |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limite  | ed liability company here:                 |                              |
| BEACHCOMBER HOLDINGS LLC   |  |                              |
| The new name must be distinguishable and contain the words "Limite   | d Liability Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                              |
| (Principal office <u>address MUST BE A STREET ADDRE</u>  | <u> </u>                                   |                              |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here: |  | the name of the new regist   |
| Name of New Registered Agent:  |  |                              |
| New Registered Office Address:   |  |                              |
|  | Enter Florida street address               | s                            |
|  | , Flo                                      | orida                        |
|  | 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 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 = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the date of filing:  [If an effective date, it is idea, the date must be appetite and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Botte): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if does meet the applicable statutory filing requirements, this date will not be listed as if does meet the applicable statutory filing requirements, this date will not be listed as if does meet the applicable statutory filing requirements, this date will not be listed as if the property of the statutory filing requirements, this date will not be listed as if the property of the property of the statutory filing requirements. The 90th day after the order of specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the order is filed.  APRIL 9  2022  APRIL 9  2022  THERESA W MORGAN, AUTHORIZED MEMBER |                        |  |
|---|------------------------|--|
| Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as of document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed.  Dated  APRIL 9  2022  May   |                        |  |
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|   | Dated APRIL 9          | 2022   |
|   |                        | Signature of a member or futhorized representative of a member   |
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Filing Fee: \$25.00



RECEIVED

2022 APR 13 AM 11:55

SECRETALLY OF STATE TALLAHASSEE, FL

April 1, 2022

THERESA W MORGAN 935 BEACHCOMBER LANE INDIAN RIVERS SHORES, FL 32963

SUBJECT: GOODLAND FRUIT & HONEY CO., LLC

Ref. Number: L15000177643

We have received your document for GOODLAND FRUIT & HONEY CO., LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00007663