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* COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	30A Beach	Girls		
SOBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Hollie Jones and Laura Flo	oyd	
			Name of Person	
		30A Beach Girls		
			Firm/Company	7 2 3
		1111 Wyoming Ave		
			Address	
		Lynn Haven, FL 32444		2
		30abeachgirls@gmail.com	City/State and Zip Code	16 MR 1 PH 3: 57
			to be used for future annual report notif	
For furth	ner information c	oncerning this matter, please c	all:	
Hollie J	ones		850 849-7455	
•	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	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)
	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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>1s.</u>)
e Articles of Organization for this Limited Liability Compar orida document number £16000034535	ny were filed on $\frac{2/18/2016}{}$	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lin	ability company here:	
new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C." $\frac{1}{3}$. (1)
nter new principal offices address, if applicable:		5 <u></u>
rincipal office address MUST BE A STREET ADDRESS)		第 55
	 	(c)
		7 E
ter new mailing address, if applicable:	·	<u>ශ</u> ලි.
ailing address MAY BE A POST OFFICE BOX)		[21 G)]
If amending the registered agent and/or registered gistered agent and/or the new registered office address he		s, enter the name of the n
institute and the new registered office address in	cre.	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
		orida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Laura Floyd	IIII Wyoming Ave	■ Add
		Lynn Haven, FL 32444	☐ Remove
			☐ Change
			
			□ Remove
			Change 3
	_ 	·	—————————————————————————————————————
			□ Remove
			Change
		•	□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

If amending any other infor	mation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
		- <u> </u>
		
		
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<u>.</u>		A A A A A A A A A A A A A A A A A A A
		<u> </u>
Note: If the date inserted in thi	the date of filing:	
ne record specifies a dela The 90th day after the	yed effective date, but not an effective ti record is filed.	me, at 12:01 a.m. on the earlier of
Dated March 4	2016	
 	Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00