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(Address)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDI

-S-WARREN-

OCT 0 3 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Be ach Feet Enterprises, LLC				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jame of Person				
Name of Person				
Beach Feet Enterprises, LLC				
206 E- Highland Dr.				
PENSU(d/a, FL 32503 Cfty/State and Zip Code				
rossiamie Day Com E-mail address: (to be used for future innual report notification)				
For further information concerning this matter, please call:				
Tamil 2055 at (850) 449-3454 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup Certified Copy (additional copy is enclosed) \$\Bigcup \$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

Beach Feet Enterpi	
(Name of the Limited Liability Compat (A Florida Limited L	ty as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16 000046574</u> .	were filed on $\frac{3}{7}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C." 200 E. Hynland Dr.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pensacola, Fr 32503
(Frincipal office dadress most bi: A STRILL ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 E. Highland Dr. pensacola, Fl 32503
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address: 206 E	Highland Dr. Amer Florida street address ACOLA Florida , Florida
N. B. Sand Annual Clause of Salary San Destate and Annual	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	on to get in this canacity. I further garge to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or it this document is

If Changing Registered Agent, Signature of New Registered

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
	<u> </u>		
		<u></u>	□ Remove
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			7 Oghanye
			SSEE -
			FLORE Remove
			D Character

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an e: Note:	tive date, if other than the date of filing: 1	07 (3)(t as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated		
	Agnature of a member or authorized representative of a member	
	James Ross Typed or printed name of signee	
	Typed of printed fiame of signed	
	Page 3 of 3	

Filing Fee: -\$25.00