

(Requestor's Name)				
(Address)	700287925087			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	07/15/1601029015 **25.00			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	16 JUL 15 PH 4: 43 RALLAHASSEE, FLORIDA			

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JUL 1 8 2016 Y SULKER

COVER LETTER

Division of Corporations
SUBJECT: Beach Avenue Brokers 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:
Henneth Rose Name of Person
Beach Avenue Brokers Firm/Company
304 Mohawk Rd
Clemont, FL 34715 City/State and Zip Code
Hen rose emplement press. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
her hose at (40) 443 4015 Name of Person Area Code Daytime Telephone Number
radic of Folson radio Facility and Facility
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Solon Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\times \text{ Cadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$}

MAILING ADDRESS:

TO:

Registration Section

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

<u>s.</u>)
and assigned
or the abbreviation "L.L.C."
<u>.</u>
<u> </u>
, enter the name of the new
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orida 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGK	HAREN Ruse	304 Muhank Rd Clermond, FL 3471S	Add
		Clermond FL3471S	Remove
			Change
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ted <u>July</u>	(00m A	0 N /	\mathcal{N}			
ted July	Signature	of a member or	authorized repre	sentative of a mem	ber	

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Filing Fee: \$25.00