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COVER LETTER

Name of Lim	ited Liability Company	
(additional copy is enclosed) Certified Copy	,	
ndence concerning this matter	to the following:	
Rhonda Edwards		
	Name of Person	
Beachhead LLC		
	Firm/Company	
Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Rhonda Edwards Name of Person Beachhead LLC Finn/Company 920 Ponte Vedra Blvd Address Ponte Vedra FL 32082 City/State and Zip Code Rhonda_edwards20@Hotmail.com E-mail address: (to be used for future annual report notification) in concerning this matter, please call: 904 6120895 at (
	Address	·
Ponte Vedra FL 32082		
Rhonda_edwards20@Hotm	Name of Limited Liability Company nent and feefs) are submitted for filing. concerning this matter to the following: Inda Edwards Name of Person Shhead LLC Firm/Company Ponte Vedra Blvd Address a Vedra FL 32082 City/State and Zip Code Ia_edwards20@Hotmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: 1904 6120895 11 (1904 120895 12 (1905 Area Code Daytime Telephone Number 10 Daytime Telephone Number 10 Sertificate of Status & Certified Copy (additional copy is enclosed) 10 Sertificate of Status & Certified Copy (additional copy is enclosed) 10 STREET/COURIER ADDRESS: 10 Registration Section 10 Division of Corporations Clifton Building	
E-mail address: (to be used for future annual report notif	fication)
oncerning this matter, please c	aff:	
Person	Area Code Daytimo	: Telephone Number
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	Certified Copy	Certificate of Status & Certified Copy
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Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Rhonda Edwards Name of Person		
	Amendment and fee(s) are sub- ndence concerning this matter Rhonda Edwards Beachhead LLC 920 Ponte Vedra Blvd Ponte Vedra FL 32082 Rhonda_edwards20@Hotm E-mail address: (oncerning this matter, please c Person of Person in following amount: \$30.00 Filing Fee & Certificate of Status ING ADDRESS: ation Section of Corporations ox 6327	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Rhonda Edwards Rhonda Edwards Part of Person Beachhead LLC Firm/Company 920 Ponte Vedra Blvd Address Ponte Vedra FL 32082 City/State and Zip Code Rhonda_edwards20@Hotmail.com E-mail address: (to be used for future annual report notification for following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beachhead 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 July 18 2016 and ass	igned نز.
Florida document number L16000138725	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Beach Heads LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent:	of the new
New Registered Office Address: Enter Florida street address	
, Florida, 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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.	h and iment is

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
	Jennie Dykens	580 Enrede Lane	
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		St Augustine, FL 32095	
			■ Remove
			- Kenkire
			□ ("h
	Kendal McAvoy	1650 Mitchell Ave	☐ Change
ambr	Rendal MCAVOY	1000 WIRCHEN AVE	
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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					_
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