

L17000012429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

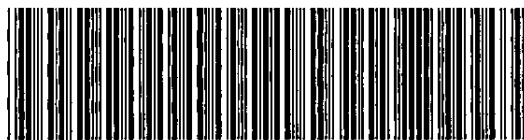
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAR 27 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Babes, 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:

Penny Vicari

Name of Person

Firm/Company

26 Hickory Drive

Address

Covington LA 70433

City/State and Zip Code

spc2086@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny Vicari

985

630-4700

at (_____) _____

Name of Person

Area Code

Daytime 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)

☐ \$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

FILED
2017 MAR 27 PM 1:50
CLERK OF THE
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jake Vicari	26 Hickory Drive Covington, LA 7	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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2021 MAR 17 PM 1:50
TALLAHASSEE, FLORIDA
COUNTY CLERK
RYAN J. HARRIS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2017 MAR 27
CLERK OF STATE
TALLAHASSEE, FLORIDA
PM 1:50

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 3/24/ 2017

Penny Vicari
Signature of a member or authorized representative of a member

Penny Vicari
Typed or printed name of signee