## L17000092618

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PICK-UP WAIT MAIL
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2017 JUL 19 PM 4: 46

K. SALY JUL 2 1 2017

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Beac	Name of Limit	Plumbing, ed Liability Company	LLC
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Dav	id Hall	
-		Name of Person	• • • • • • • • • • • • • • • • • • • •
_			
		Firm/Company	
	40 S.	Roscoe Blue	d <u></u>
-		Address	
	Ponte 1	Jedra FL 3	2082
	beache E-mail address: (to	Vedra, FL 3 City/State and Zip Code os first@cma be used for future annual report n	otification)
For further information conce	rning this matter, please cal	1:	
Name of Per	son	at ()	ime Telephone Number
Enclosed is a check for the fo	<del></del>		
\$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

## ARTICLES OF AMENDMENT

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

OF

Beaches First Plumbing 250, 19 PM 4:46

75 6866	27(63 1 11 3) 1 1 4 37	50:01
(Name of the Limite	ed Liability Company as it now appears on or (A Florida Limited Liability Company)	records: SEE FOR
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on $Ap$	cil 26, 2017 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of Beaches Firs  The new name must be distinguishable and contain the w		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	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, enter the title, name, and address of each person being added or removed from our records:			
MGR = .N AMBR = ?	Manager Authorized Member	Address  Add	
<u>Title</u>	<u>Name</u>	Address SECKETAN PH 4: 4	Type of Action
		AHASSIE STAN	Add
			Remove
			Change
<del></del>			🗀 Add
			Remove
			☐ Change
			Add
			Remove
			Change
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			Remove
			Change
			D Add
			□ Remove
			Change
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			Change

ii alliiti	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	FILE  ZOLT SUL 19 PA
	2017 JUL 19 pp
_	TALLAHASSIE. FLOR
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
	ord 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.
Dated _	7-17-17
	talla.
	Signature of a member or authorized representative of a member
	David Hall

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Filing Fee: \$25.00