# L17000103770

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γ,
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SECRETARY OF STATE

3/19/21

#### Evans, Jones & Reynolds

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

SUNTRUST PLAZA

SUITE 710

**401 COMMERCE STREET** 

NASHVILLE, TENNESSEE 37219-2405

TELEPHONE (615) 259-4685 FACSIMILE (615) 258-4448 WWW.EJRLAW.COM JAMES CLARENCE EVANS (1916-2009)
RICHARD A. JONES (RETIRED)

J. ALLEN REYNOLDS III PHILLIP BYRON JONES JEFFREY J. SWITZER JOHN M. McDONALD SEAN C. WLODARCZYK

WINSTON'S EVANS

January 15, 2021

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: 3 Blocks Off the Beach, LLC (Document No. L17000103770)

Dear Clerk:

Enclosed please find a Cover Letter and Articles of Amendment to the Articles of Organization of 3 Blocks Off the Beach, LLC. This form amends the Principal Address of the business. No other changes have been made. Additionally, please find my firm's check (No. 3248) in the amount of \$30.00 for the fees associated with this amendment and a Certificate of Status.

If you have any concerns or issues with completing this amendment, please do not hesitate to contact my office.

Sincerely.

Jessica L. Bailey

Legal Assistant

Enclosures

### **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
	ff the Beach, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
,		to the same wing.		
	JOHN M. MCDONALD			
	Name of Person			
	EVANS, JONES & REYN	OLDS P.C.		
		Firm/Company	,	
	401 COMMERCE STREE	ET, SUITE 710		
		Address		
	NASHVILLE, TN 37219			
		City/State and Zip Code		
	mcherney@thecherneygrou	ip.com to be used for future annual report not	rification)	
For further information c	oncerning this matter, please c	·	,	
John M. McDonald				
		at () Area Code Daytime Telephone Number		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee, I			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 JAN 25 PM 5: 13

3 Blocks Off the Beach, LLC

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

<b>,</b>	The mind of the state of the st		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000103770}{L17000103770}$ .	were filed on 05/09/2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	vility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	68 WINSTON LN N		
(Principal office address MUST BE A STREET ADDRESS)	INLET BEACH, FL 32461		
	·		
Enter new mailing address, if applicable:	68 WINSTON LN N		
Mailing address MAY BE A POST OFFICE BOX)	INLET BEACH, FL 32461		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		

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 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
			□Add
			□Remove
			□Change
			□ Add
			Remove
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Jaicu	Jh.M.A	Un all the fact	h. april			
_	V	Signature of a member	h. acm or authorized represe	ntative of a membe	· <u> </u>	

Filing Fee: \$25.00