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SEP 19 2000 S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	417 Beach	Road, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
		Terri Jessen		
			Name of Person	
		417 Beach Road, LLC		
Firm/Company 16269 Camden Lakes Circle				
		16269 Camden Lakes Circ	le	
			Address	
		Naples, FL 34110		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		tlt0215@hotmail.com	to be used for future annual report not	(floation)
For furth	er information	concerning this matter, please c	·	The action of
			239 877-1656	
Terri Jessen			at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	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 Addre		Street Address:	
Registration Section Division of Corporations			Registration Se Division of Cor	
	P.O. Box 63:		The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

417 Beach Road, LLC

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

·	Sept 6
npany were filed on 6/21/2017	and assigned
d liability company here:	
d Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
200)	
	· · · · · · · · · · · · · · · · · · ·
office address on our records, <u>enter</u>	the name of the new registe
· · · · · · · · · · · · · · · · · · ·	
Enter Florida street addre.	SN

, FI	lorida Zip Code
	SS) Enter Florida street addres., F

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 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
MGR	Terri Jessen	16269 Camden Lakes Circle	□Add
		Naples, FL 34110	≣Remove
			☐ Change
PAR	Andrew Jessen	16269 Camden Lakes Circle	□Adđ
		Naples, FL 34110	Remove
AMBR		 	□Change
	The Jessen Family Trust	16269 Camden Lakes Circle	■Add
		Naples, FL 34110	□Remove
			Change
			Remove
			□Change
			□Add
			Remove
			□Add
			Remove
			□ Change

Effective date, if other than the date of filing: 7/28/2020 (optional) (optional) (optional) (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 Aveig: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Precord 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 dis filed. Dated July 28 2020 Signalure of a member or authorized representative of a member Terri Jessen				
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Filing Fee: \$25.00