B10001/0004

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000227142 3)))



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To:

Division of Corporations

Eax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone : (800)494-3124 Eax Number : (305)675-2811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## BEACH TRIO LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

S. WARREN AUG 2 5 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000227142 3

|  | BEACH TRIO LLC  |
|--|---|
| (Name of the Limited   | Liability Company as it now appears on our records.) Florida Limited Liability Company)   |
| The Articles of Organization for this Limited Liab Florida document numberL17000148999   | oility Company were filed onand assigned  |
| This amendment is submitted to amend the follow  | ving:   |
| A. If amending name, enter the new name of t   | he limited liability company here:  |
| The new name must be distinguishable and contain the wor   | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L L.C."  |
| Enter new principal offices address, if applical   | ole:  |
| (Principal office address MUST BE A STREET   | ADDRESS)  |
|  |   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE R  | <u> </u>  |
| B. If amending the registered agent and/oregistered agent and/or the new registered office.  Name of New Registered Agent:  New Registered Office Address: | G 24 AM   |
|  | Enter Florida street address  |
|  | City Florida Zip Code   |
| N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |
| provisions of all statutes relative to the proper accept the obligations of my position as regist  | agent and agree to act in this capacity. I further agree to comply with the rand complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address; I hereby confirm that the limited liability |
|  | If Changing Registered Agent, Signature of New Registered Agent   |

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| If amending Authorized Person(s) authorized | to manage, enter the title, name, and address of each person being added |
|---|--|
| or removed from our records:                | H17000227142 3   |

MGR = Manager
AMBR = Authorized Member

| <u> Fitle</u> | Name         | Address                  | Type of Action       |
|---------------|--------------|--------------------------|----------------------|
| AMBR          | BRIAN DUPREE | 500 TRINITY LANE N #1109 | D Add                |
|               |              | ST PETERSBURG, FL 33716  | <b>=</b> Remove      |
|               |              |                          | ☐ Change             |
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| JILL HETRICK   |                   |                   | _ <del>-</del> |
| Typed or printed name of signee  |                   |                   |                |
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| Page 3 of 3  |                   |                   |                |