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(((H170002271043)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIN: COM, INC.

Account Number : 120070000160 : (800) 494-3124

Phone : (305)675-2811 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACH COTTAGES 1 LLC

| Certificate of Status | |
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DIVISION OF COLUCYATEMS ڣ

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | Or | |
|--|--|-------------------------|
| | | |
| | BEACH COTTAGES 11.LC | |
| (Name of the Limited | Liability Company as it now appears on our records.) Plorida Limited Liability Company) | |
| | | |
| are a second control on for this Limited Lia | bility Company were filed onJULY 13, 2017 | and assigned |
| The Articles of Organization for ans farmed End | | |
| Florida document numberL17000151166 | · | |
| This amendment is submitted to amend the follow | | |
| A. If amending name, enter the new name of | the limited liability company here: | 및 그 |
| ļ | | <u> </u> |
| The age was be distinguishable and contain the win | rds "Limited Liability Company," the designation "LLC" or the | abbreviation "L. 66." |
| | | |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREE) | (ADDRESS) | 9 0 |
| | | 9 02 |
| | | 200 |
| Enter new mailing address, if applicable: | | |
| | ROY) | |
| (Mailing address MAY BE A POST OFFICE) | <u></u> | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered office address on our records, <u>en</u> fice <u>address here</u> : | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Plorida street address | |
| | , Florida | 1 |
| | Cit. | Zip i, one |
| New Registered Agent's Signature, if changing | Registered Agent: | |
| I hereby accept the appointment as register provisions of all statutes relative to the proj | ed agent and ogree to act in this capacity. I furthen our and complete performance of my duties, and I istered agent as provided for in Chapter 605, F.S. registered office address, I hereby confirm that th | Or, if this document is |
| | If Changing Registered Agent, Signature of No | ew Registered Agent |
| | Page 1 of 3 | 17000227104 3 |

| Hamending A | Authorized Person(s) authorized | to manage, enter the title, name, and ad | dress of each person being added |
|-------------------------|---------------------------------|--|----------------------------------|
| or removed fr | om our records: | | H17000227104 3 |
| MGR = Mar AMBR = Aut | nager thorized Member | | |
| Title | <u>Name</u> | Address | Type of Action |
| AMBR | BRIAN DUPREE | 500 TRINITY LANE N #1109 | D Add |
| | | ST PETERSBURG, FL 33716 | ■ Remove |
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| ctive date if other than the d | tate of filing: (ontional) |
| effective date is listed, the date must i | date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ck does not meet the applicable statutory filing requirements, this date will not be fish |
| 11 the date inserted in this bloc iment's effective date on the Dep | partment of State's records. |
| | |
| ecord specifics a delayed | effective date, but not an effective time, at 12:01 a.m. on the earli |
| ne 90th day after the reco | rd is filed. |
| AUGUST 23 | 2017 |
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| | Signalting of a member or authorized representative of a member JILL HETRICK Typed or printed name of signee |