

2/2/2021

Division of Corporations

**L17000154582**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000045722 3)))



H210000457223AECX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : THE FARAH LAW FIRM, P.A.  
Account Number : I20050000023  
Phone : (904)443-0060  
Fax Number : (904)443-0061

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

Email Address: Jim@FarahLaw.comSECRETARY OF STATE  
TALLAHASSEE, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOWN PLAZA 320, LLC

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US  
2/3/21

## COVER LETTER

H210000457223

TO: Registration Section  
Division of Corporations

SUBJECT: Town Plaza 320, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Farah

Name of Person

Farah Law

Firm/Company

6550 St. Augustine Road, Suite 103

Address

Jacksonville, Florida 32217

City/State and Zip Code

jim@farahlaw.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Jim Farah

904

443-0060

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2021-02-02 20:10

farahlaw 9044430060 >> 850-617-6381

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

14210000457223

Town Plaza 320, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/19/2017 and assigned  
Florida document number L17000154582

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Beach 6801, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 2 2021

Jac L. Fard  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

James E. Farah, Esq. as POA for the Member and Manager

Typed or printed name of signee

#210000457223

**Filing Fee: \$25.00**