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COVER LETTER

Division of Cor	rporations			
Beach Bite SUBJECT:	rs LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ondence concerning this matter to the following:			
	Trang Doan			
Name of Person				
	Beach Bites LLC			
	Firm/Company			
	1840 Wabasso Beach Rd.			
	Address			
	Vero Beach, FL 32963			
City/State and Zip Code				
	trangttdoan10@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
Trang Doan	832 618-4900 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 & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Bites 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 $\frac{08/04/2017}{1}$ and assigned Florida document number 1.17000166441 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 Citv

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Kevin Wissner	4125 NW 79th Ave	
		Coral Springs, FL 33065	■ Remove
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Tective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Depar	specific and cannot be prior to date of filing or m does not meet the applicable statutory filin	(optional) nore than 90 days after filing.) Pursuant to 605	5.020
record specifies a delayed ef The 90th day after the record	fective date, but not an effective t is filed.	time, at 12:01 a.m. on the earli	er o
nted 09/22/2017	12:01 AM		
/ ha	nature of a member or authorized representative		

Page 3 of 3

Filing Fee: \$25.00