# 117000169618

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | dress)            |             |
| ,                       | ,                 |             |
| - (3.1                  |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
|                         |                   |             |
| PICK-UP                 | MAIT              | MAIL        |
|                         |                   |             |
|                         | -in-and Faith Al- |             |
| (Bu                     | siness Entity Na  | me)         |
|                         |                   |             |
| (Do                     | cument Number     | )           |
|                         |                   |             |
| Certified Copies        | Certificate       | s of Status |
|                         | _                 |             |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
| /                       |                   |             |
| ✓                       |                   |             |
|                         | _                 |             |

Office Use Only



700302276187

08/14/17--01038--002 \*\*30.00

DIVISION OF CHARDEATION

O SIMMONS 406 21 2017

# **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: 30c Beach Bonfries 1/e 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:  |
| Jennifer Scholan<br>Name of Person  |
| 30a Bonfire Co 11C  |
| 178 Voa Internacional DR  |
| Defunial Springs F1 32735  City/State and Zip Code  Deach bonfires on 30a @ 9 mail - com  E-mail address: (to be used for future annual report politication)  |
| <u>Beach bonfires on 30a @ q mail-com</u><br>E-mail address: (to be used for future annual report polification)   |
| For further information concerning this matter, please call:  |
| Teff Schovan at (850) 333 2983  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$\text{\$\text{S55.00 Filing Fee} & Certificate of Status} \end{align*} \Begin{align*} \text{\$\text{\$\text{\$\text{\$\text{\$\text{S55.00 Filing Fee} & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \end{align*}  \$\Begin{align*} \$\text{\$\ |

### 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

| 30 a Beach   Seach   S | Don 1765 (()  pany as it now appears on our records.)  d Liability Company) |  |
|--|---|--|
| The Articles of Organization for this Limited Liability Compar<br>Florida document number 600302323466 (CO   | ny were filed on $\frac{8/5/17}{}$  | and assigned   |
| This amendment is submitted to amend the following:  | <i>y</i>  | er recrispor   |
| A. If amending name, enter the new name of the limited lia  30 a Bon Fire Co 1/6  The new name must be distinguishable and contain the words "Limited Lia"   |   |  |
| The new fame must be distinguishable and contain the words "Limited Lial   | bility Company," the designation "LLC" or the                               | <b>12</b>  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | _n/a  | T T  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | n/a   | OF COME OF THE PARTY OF THE PAR |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  | office address on our records, <u>enter</u><br>re:                          | the name of the new  |
| Name of New Registered Agent:  | 1a  |  |
| New Registered Office Address:   | Enter Florida street address  |  |
|  | , Florida   |  |
|  | City  | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add \_□ Remove \_□ Change \_□ Add \_□ Remove Change Add Concover PH 12: ☐ Change \_□ Add □ Remove \_ Change \_□ Add □ Remove \_□ Change □ Add ☐ Remove

☐ Change

|                          | <u> </u>  |
|--------------------------|---|
|                          | - n c   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          | T AUG   |
|                          | TAUG IN AUGURA  |
|                          |   |
|                          |   |
|                          |   |
|                          | H ROBERT SH 12: 13  |
|                          |   |
| -                        |   |
| _                        |   |
| n an en<br>Note:         | ive date, if other than the date of filing:  S 9 17 (optional)  ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
|                          | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:   |
| ne rec<br>The            |   |
|                          | ;   |
| the rec<br>The<br>Dated_ | ;   |

Page 3 of 3

Filing Fee: \$25.00