47000223854

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	dusiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
BeachWor2 SUBJECT:	K, LLC		!
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Julie Kieselburg		
		Name of Person	- · · · · ·
	Cushing, Morris, Armbrus	ter & Montgomery	
		Firm/Company	
	191 Peachtree Street, N.E.	, Suite 4500	
		Address	
	Atlanta, GA 30303		
		City/State and Zip Code	
	jk@cmamlaw.com	to be used for future annual report notif	
For further information c	oncerning this matter, please c	·	(Cation)
Julie Kieselburg		404 521-2323	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ie following amount:		
S25.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BeachWorX, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L17000223854</u>	Company were filed on October 18, 2017 and a	ssigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim	nited liability company here:	'
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		6
(Principal office address MUST BE A STREET ADD)	RESS)	12
	·	1: 22
Enter new mailing address, if applicable:		4
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the nam</u> iress here:	e of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Hegistere	City Zip Cod	v

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, 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
MGR	J. Parker Esq.	34990 Emerald Coast Parkway	Add
		Suite 300	■ Remove
		Destin, Florida 32541	□ Cḥange
MGR	Steven J. Franco	34990 Emerald Coast Parkway	Add
		Suite 300	
		Destin, Florida 32541	Change
			Remove T
			Change
			□ Add ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♠ ♣ ♠ ♣ ♠
			☐ Change
			□ Remove
			Change
			Remove
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Jeffrey F. Montgomery						
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ffective date, if other than th	date of filin	10/18/2017 ig:		(optional)	
an effective date is listed, the date moote: If the date inserted in this b						
ocument's effective date on the I				mg requirements	. mis care win	nor be hated as
e record specifies a delaye	d effective (date, but no	t an effective	e time, at 12:	01 a.m. on t	the earlier of
				•		
The 90th day after the re-						
The 90th day after the re						
The 90th day after the re- ated November 2		2017				Ì
·		2017	<u> </u>			
November 2	- VIII.	2017	·			
November 2	Signature of a	2017 member or author	orized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00