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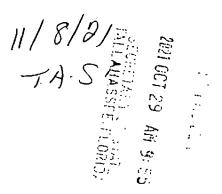
(R∈	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/28/21--01013--012 **25.00



COVER LETTER

FO: Registration Se Division of Cor		·		
BEACH 3	LLC 4	•		
SUBJECT:	Name of Lin	ited Liability Company	, 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSHUA STRONG			
		Name of Person		
	QUALITY TAX & ACC	OUNTING SERVICES LLC		
		Firm/Company		
	3113 S RIDGEWOOD AVE			
		Address		
	SOUTH DAYTONA FL 3	2119		
		City/State and Zip Code		
	JOSHUA,QFSINC@GMA E-mail address: 0	HCOM to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c			
JOSHUA STRONG		386 761-7855		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH 3 LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{11}{2}$	and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company ho	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE"	(BOX)	007 29 M 9	
3. If amending the registered agent and/or gent and/or the new registered office addre		ecords, enter the name of the new registe	
Name of New Registered Agent:	QUALITY TAX & ACCOUNTING SERVICES LLC		
New Registered Office Address:	3113 S RIDGEWOOD AVE		
	Enter Flor	ida street address	
	SOUTH DAYTONA	, Florida ³²¹¹⁹	
	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.

11 2

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	REGINA GEISELMAN	1816 BEACON ST	□Add
		NEW SMYRNA FL 32169	■Remove
			□Change
AMBR	EVAN GEISELMAN	611 OCEAN AVE	□Add
		NEW SMYRNA FL 32169	≅ Remove
			□ Change
			Add 1
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			□Remove
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Effective	e date, if other than tive date is listed, the date	the date of fi	ling:			(opti	onal)		
Note: If	the date inserted in thi	s block does no	of meet the ap	plicable statu	filing or more the	ian 90 days after uirements, this	filmg.) Pursuam s date will not	t to 605.020 be listed a:	7 (3) s the
documen	it's effective date on th	e Department (of State's reco	ords.					
e record s rd is filed	specifies a delayed effe l.	ctive date, but	not an effecti	ve time, at 12:	:01 a.m. on th	e earlier of: (b) The 90th da	iy after the	,
Dated	10/26/2	100		·					
	Cuchow	Signature o	f a member or :	nuthorized repre	esentative of a	nember			
		Can	1. 1~						
	T. () (THE .	767M+	\ \ \ rinted name of					

Filing Fee: \$25.00