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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HW BEACH PROPERTY LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HW BEACH PROPERTY LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) I Liability Company)		<u> </u>
The Articles of Organization for this Limited Liability Companion Florida document number L17000255237	y were filed on 12/09/2017	an an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		- -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		13. 13. 1707	ა ა ა
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the	new.register
agent and/or the new registered office address here:			<b>.</b>
		; <del>o</del>	, ,
Name of New Registered Agent:		32	
New Registered Office Address:			
	Enter Florida street address		
	, Floric		
	City	Zip C	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.

10/06/2020 1:09PH FAX 7274435829

GASSMAN, CROTTY&DENICOLO

Ø0003/0004

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

Title	Name	Address	Type of Action
MGR	KRISTIN J. WITFILL	530 BELLE ISLE AVE.	□Add
		BELLEAIR BEACH, FL 33786	■Remove
			DAdd
			□Remove
			☐ Change
			🗆 Rcmove
			Change
			ORemove
			□Change
			□Add
		<u> </u>	□Remove
			□ Change
			LDAdd
			□Remove
			□Change

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Effectiv	re date, if other than the date of filictive date is listed, the date must be specific a	ng:	444 - 6670	(optional)	. N
Note: 1	f the date inserted in this block does not	meet the applicable	e statutory filing req	uirements, this date	will not be listed as t
docume	nt's effective date on the Department of	'State's records.			
record rd is file	specifies a delayed effective date, but n	ot an effective time	, at 12:01 a.m. on th	c carlier of: (b) The	e 90th day after the
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	10-6	2020			
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Dated _	7 71				
Dated _					
Dated _	Signature of	a member or authoriz	ed representative of a	memher	

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