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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Sec Division of Corp		**	
SUBJECT:	BEACH SNA Name of Limi	APS LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	PE	ARL RICCIO	
		Name of Person	
	BEA	ICH SNAPS LLC	
	-	Firm/Company	
	3606 61 ST	ST W.	
	••••	Address	
	BRADENTON, 1	FL 34209 City/State and Zip Code	
		City/State and Zip Code	<del></del>
	beachsnapsan	i a gmail. com	
	E-mail address: (I	to be used for future annual report noti	neation)
For further information co	ncerning this matter, please ca	all:	
PEARL RICCI	O	at (941) 773 Area Code Daytim	-0403
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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/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 (Name of the Limited I		APS LLC any as it now appears on o Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L180000545</u> . This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	<u>48</u> . ng:		101/2018	and ass	igned
The new name must be distinguishable and contain the words	s "Limited Liabi	ility Company," the designa	tion "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicabl		3606 6157 BRADENTON 34209		SEURE NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	3606 6157 BRADENTION 34209	ST W.	ASSEE FLORID	Paracel .
B. If amending the registered agent and/or registered agent and/or the new registered office		ffice address on our	records, ente	r the name	of the new
Name of New Registered Agent:					
New Registered Office Address:	3606	6151 W Enter Florida str	reet address		
New Registered Agent's Signature, if changing Regi	BRADEN	VTON City	, Florida	3420° Zip Code	9

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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fective date, if	other than the date	of filing:		(ont	ional)
n effective date is	listed, the date must be sp	pecific and cannot be	prior to date of filing o	or more than 90 days after	ional) r filing.) Pursuant to 605.020 is date will not be listed a
cument's effecti	ve date on the Departr	nent of State's rec	ords.	ining requirements, th	is date will not be listed a
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<del></del>	Signa	tylre of a member or	authorized representa	ive of a plember	**************************************
	0.	EARL	Dia		SSE SE
	1).	$\leftarrow \Delta \times 1$	RICCIO		m <sub>C</sub>

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Filing Fee: \$25.00