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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beach Jams Holdings LLC 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:
Albert De Felice Name of Person
Beach Jams Holdings, LLC Firm/Company
4185 Mariner Blvd Address
Spring Hill, FL 34609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 686-0090  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ 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 Jams Ho (Name of the Limited Liability Comp (A Florida Limited	Oldings, LLC pany as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on <u>04   13   1</u>	and assigned '
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		DIVISION O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4185 Marine Spring Hill, F	Blvd Blvd State  34609
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	
	City , 1	F <b>lorida</b> 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, 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** William S Terry 11 4513 Bimini Drive DAdd MGR Hernando Beach, FL 34607 KRemove \_\_ Change MGR Debra Soehngen 12379 Trout Circle Add Spring Hill, FL 34609 Remove ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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Filing Fee: \$25.00