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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor					
SUBJE	CT: Bead	ch Jans Hol	Idings LLC ited Liability Company			
		Amendment and fee(s) are sub	_			
Please	return all correspo	ondence concerning this matter	to the following:			
			Name of Person			
		Beach	Jans Holdings Firm/Company	) KLC E	23	
		4185 1	Firm/Company  Mariner Blvd  Address  Hill FL 3+60  City/State and Zip Code  E & tampabay. re- to be used for future annual report notifi	LAHASS	IN MAY 2	
		Spring	Hill FL 3460 City/State and Zip Code	er Francisco	- P 12:	
		E-mail address: (	to be used for future annual report notif	Com Gi.	9.0	
For fur	ther information e	concerning this matter, please co				
	Debra	Soehngen	at ( <u>352</u> ) <u>686 - 0</u> Area Code Daytime	090		
	Name o	of Person	Area Code Daytime	e Telephone Number		
Enclose	ed is a check for the	he following amount:				
<b>Å</b> Ø \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Jams (Name of the Limited Liability	Holdings, LAC (Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on OHII3118 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:	Ahas			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:			
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
	, Florida			
	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.

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
<u>mGR</u>	Debra Soehngen	12379 Trout Circle	
	_	Spring Hill, FL 34609	Remove
			Change
MGR	Albert DeFelice	12379 Trout Circle	<b>X</b> Add
		Spring Hill, FL 34609	🖸 Remove
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cument's effective date on the Department			<b>, ,</b>			
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record specifies a delayed effective. The 90th day after the record is fil		t an effective t	ime, at 12:01 a	a.m. on t	:he earl	lier
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nted May 16	<u> 2018</u>	<u>_</u> .				
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Filing Fee: \$25.00