L18000109268

(Requ	uestor's Name)	
(Addi	ress)	
	ress)	
Civil	State/Zip/Phon	0.40
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
65 Beach R	d. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Balot		
		Name of Person	
	65 Beach Rd. LLC		
		Firm/Company	
	PO Box 25334		
		Address	
	Sarasota, FL 34277		
		City/State and Zip Code	
	dbalot@yahoo.com	to be used for future annual report not	Titorium 1
For further information c	oncerning this matter, please c		it ation;
David Balot		941 321-6989	
Name o	f Person	at () Area Code Daytin	ne 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		<u>Street Address:</u> Registration Se	ection
Registration 9 Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Taliahassee,	nu 32314	Z415 N. Monro Tallahassee, Fl	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: **OF**

2021 FEB -4 AM 7: 11

65 Beach Rd., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05-01-2018	and assigned
Florida document number L18000109268	were med on	und danighed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
61 Beach Rd, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or registered office a	address on our records, <u>c</u>	enter the name of the new register
agent and/or the new registered office address here:		
Nime - FN m D mint and A contr		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street (
	City	_, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	_	
I hereby accept the appointment as registered agent and agr	we to act in this capacity	. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with 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 $AMBR = A$	lanager uthorized Member	* 4	
Title	<u>Name</u>	Address 2021 FEB -4 AH 7: 11	Type of Action
		<u> </u>	
			□Change
			□Add
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Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.	J7 (3)(is the
the record speceord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after th	¢
Dated	1-26-2021. Signature of a monther or authorized representative of a member	
	DAVID BALOT	

Filing Fee: \$25.00