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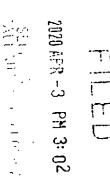
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

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COVER LETTER

TO: Registration Se Division of Cor			
	BEACH REAL ESTATE, LLO	.	
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REMEDIOS P OLSZEWS	KI	
		Name of Person	
	SPLASHY BEACH REAL	. ESTATE, LLC	
		Firm/Company	_
	226 BOCA SHORES DR		
		Address	
	PANAMA CITY BEACH	, FL. 32408	
		City/State and Zip Code	
	remycookseyrealty@gmail.		_
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	
REMEDIOS P. OLSZEV	VSKI	850 814-3344 at ()	
Name of Person		at () Area Code Daytime Telephone Num	her
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	- 010
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	3 810

Tallahassee, FL 32303

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

ART		ORGANIZATI OF	ON E A
		•	
SPLASHY BEACH REAL ESTAT	ΓE. LLC		
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.) 3-4-2018 and assigned
The Articles of Organization for this Limited L	iability Company	were filed on	5-4-2018 and assigned
Florida document number H8000113274	,		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here	;
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		226 BOCA SHOR	ES DR
		PANAMA CITY	BEACH, FL. 32408
Enter new mailing address, if applicable:		SAME AS ABOV	E
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	REMEDIOS P. OLSZEWSKI		
New Registered Office Address:	226 BOCA SH		
	ce Address: 226 BOCA SHORES DR Enter Florida street address		
	PANAMA CIT		Florida 32408
		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.

hanging 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
AMBR	CHERACO HAMMERLE	602 FERNWOOD ST #4 PCB, FL. 32407	X Add
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			□Change
			□ Add
	_		□Remove
			□Change
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fective date, if other the neffective date is listed, the ote: If the date inserted incument's effective date of	date must be specific and this block does no	and cannot be prior to timeet the applica		ore than 90 days aft		
ecord specifies a delayed is filed.	effective date, but r	not an effective tir	ne, at 12:01 a.m. c	on the earlier of: (b) The 90th day	after the
med MARCH 31		2020				
	Liss P. Signature of	AKZPI	- .) c/a '			
/ semec	Signature of	Camumber or sub-	rized representative	of a member		_