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Division of Corporations

Fax Number : (850)617-6383

Pron:

Account Name : ALA REGISTERED AGENT INC.

Account Number : I2009000032 Phone : (561)792-2236 Fax Number : (561)202-8092

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000380034 3

	BEACH BEN LLC	
(Name of the Limited I	iability Company as it now appears on our forida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number £18000141773	lity Company were filed on 06/07/201	2
This amendment is submitted to amend the following	ng:	077 1990 1990
A. If amending name, enter the new name of the	e limited liability company here:	OF STATE PORATION
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or registered office address by		s, enter the name of the new registere
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida str	eet address
·		, Florida
	City	Zip Cade

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
AMBR	CASTRO IRIZABAL, GONZALO	759 NE 191ST ST	□Aċd
		MIAMI, FL 33179	=Remove
			[]Change
AMBR	RAMIREZ, LUCIANA BEAL	759 NE 1918T ST	□Add
		MIAMI, FL 33179	≣Remove
			□Change
AMBR	HAMAIKA CORP.	CRAIGMUIR CHAMBERS, ROAD TOWN	≘ ∆dċ
		TORTOLA, VG H10. BRITISH VIRGIN ISLAND	S. ⊡Remove
			Change
			🗆 🗆 Add
			©Remove
			Change
			□Add
			[] Remove
			Change
			[]Add
			□Remove
			Change

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If amending any other informatio	i, enter change(s) here	e: (Attach additior	ial sheets, if necess	sary.)
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Effective date, if other than the date (if an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep.	k does not meet the appii	cable statutory filing	(option free than 90 days after for requirements, this	ual) Hing.) Pursuant to 605.0207 date will not be listed as
te record specifies a delayed effective c ord is filed.	ate, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated OCTOBER 7TH	2021			
	, ,,,			
	gnature of a member or auti	dinorized representative	of a member	
	GONZALO C	ASTRO IRIZABAL		
		nted name of signee		