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(F	Requestor's Name)					
(<i>f</i>	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status Instructions to Filing Officer:					
	Address)					
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PICK-UP	MAIT	MAIL				
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Certified Copies	Certificates of	f Status				
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COVER LETTER

TO:

	Registration Se- Division of Cor					
		PROPERTY SOLUTIONS,	LLC			
SUBJEC	Л:	Name of Lim	ited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Gerald J. Boward				
			Name of Person		553	
		BEACHES PROPERTY	SOLUTIONS, LLC	! 		
		•	Firm/Company	e .);:= 	
		918 Penman Rd.		2. A	5 /	
			Address		Ω	
		Jacksonville Beach, Flor	ida 32250	j.	; 22	
			City/State and Zip Code			
		Beachespropertysolutions				
		E-mail address: (to be used for future annual report notifi	cution)		
For furth	ner information c	oncerning this matter, please ca	all:			
Gerald .	J. Boward		904 514-6200			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	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 Filin Certificate Certified Certifie	of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our remited Liability Company)	cords.)		
npany were filed on June 26, 20	18	_ and ass	igned
d liability company here:			
1 Liability Company," the designation	"LLC" or the abbro	viation "L	L.C."
<u> </u>			
	7: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2918	
	ords, enter th	e name	of the ne
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	<u> </u>	22	
Enter Florida street a	ddress		
	Elanisia.		
Cuy	r iorida	Zip Code	
	d liability company here: Liability Company," the designation SSS) red office address on our recess here: Emer Florida street a	d liability company here: It Liability Company." the designation "LLC" or the abbre SSS) The designation "LLC" or the abbre The design	and ass d liability company here: H.iability Company," the designation "LLC" or the abbreviation "L. SS) red office address on our records, enter the name is here: Enter Florida street address Florida

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	Gerald J. Boward	918 Penman Rd. Jacksonville Be	Add
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			Change
			Remove
			Change Change
			Add C
			: D'Remove
			Change
			Remove
			Change
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Effective date, if ot	her than the dat	e of filing:			(6	optional)		
(If an effective date is listen Note: If the date inse	ed, the date must be:	specific and can	not be prior to d	ate of filing or me	ore than 90 days.	after filing.) l	Pursuant to 60 fill not be lis	อร์.020 sted ส
document's effective	date on the Depar	tment of State	's records.		•			
			l	66	17./	11 - m A	a tha aarl	lior
the record specifie) The 90th day al	es a delayed er fter the record	is filed.	e, but not a	n enective t	me, at 12.0	<i>J</i> 1 a,III. U	ii tile eari	iiei i
Dated July 3	Λ	2	018					
	//	<u>00</u>						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00