118000265441

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	. #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200339559392

01/23/20--01032--001 **%60.00

20 MAR -2 AM II: 07

HAS 03 2020

COVER LETTER

ΓΟ: Registration Sec Division of Corp			
SUBJECT:	02 FAST BO Name of Limi	MNTH BEACH B	IM, LL
Γhe enclosed Articles of <i>i</i>	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Brada Wb	Name of Person	
		Name of Person	
	<u>-</u> .	Firm/Company	
	1112 N. Fla	AUX DAVU Address	
	fort Laud	WAAU, FL 333	<u>04</u>
	Dray (S E-mail address: (1	Ola lobal. LOM obe used for future annual report notif	lication)
For further information c	oncerning this matter, please co	all:	
Wilson	Fender	at (<u>964</u>) <u>52)- L</u> Area Code Daytime	1111
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202 Fact ROMATINA BLACK BILD ILU

(Name of the Limite	Liability Compa A Florida Limited I	iny as it now appears on the Liability Company)			
The Articles of Organization for this Limited Lia Florida document number LIGUD 2 U5 L		were filed on	13/2018	and ass	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	(ADDRESS)		· · · · · · · · · · · · · · · · · · ·	7.5	
Enter new mailing address, if applicable:				16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	
Enter new maning address, it applicable. (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			200	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office s here:	address on our recor	ds, enter the na	ame of the nev	w registered
Name of New Registered Agent:	D.A. 1	Eddy, DLLL		·	
New Registered Office Address:	1112 N	Flagur Enter Florida s			
	Fit L	andydau	, Florida	33304	
	of Armed Armed	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

. . 4 .

Title	<u>Name</u>	Address	Type of Action
AMBR	Steven Avolon	1112 N. Flagler DAVE	□Add
		Firt Landurday, FL 33304	_ BRemove
			□Change
AMBR	Brady 10bb	1112 N. Flagur DnVL	_ ` \$ZiAdd
	J	Fort Laudethau, Fr 3330	🗆 Remove
		<u></u>	200 AP
			Remove
			□ □ diange
			□/₩ □/₩
			□Remove
			🗅 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

			<u></u>	<u></u>		
	 					
		 	<u>.</u>	<u></u> .		
						
		<u> </u>		·		
		<u> </u>			•	
			 	_		
			<u> </u>		= 20	20
					20	<u> </u>
						15
	4	100				
						ت ت
			<u></u>	<u>-</u> .	<u> </u>	7
						
n effective date is liste (te: If the date inser	ner than the date of filing d, the date must be specific a reted in this block does not date on the Department of	nd cannot be prior to da meet the applicable	te of filing or more tha statutory filing requ	(option n 90 days after fil irements, this d	ing.) Pursuant	to 605.0207 be listed as
ccord specifies a del is filed.	layed effective date, but no	ot an effective time, :	at 12:01 a.m. on the	earlier of: (b)	The 90th da	y after the
		1020				
red FChN	(un) 1					
ned Febru	Az	a member or authorized	representative of a m	nember		

Filing Fee: \$25.00