L18000271774

	(Requestor's Name)
<u> </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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D. BRUCE **OCT** 0 6 2020

COVER LETTER

Division of	Corporations		
	Executive Investments, LLC	•	
SUBJECT:	Name of Liu	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Alberto M. Quirantes		
		Name of Person	
	Beach Executive Investme	ents, LLC	
		Firm/Company	
	1815 NW 7th Street		
		Address	
	Miami, FL 33125		2
		City/State and Zip Code	020 350 74
	amqmessages@hotmail.co		
	E-mail address:	(to be used for future annual report notification	20
For further information	on concerning this matter, please	call:	
Alberto M. Quirantes		305 644-1800 at ()	SECRETATION PH In 13
Nar	ne of Person		ohone Number []
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio		Street Address: Registration Section	
	of Corporations	Division of Corpora	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Executive Investments, 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 $\frac{11/21/2018}{2}$ and assigned Florida document number $_L18000271774$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Lumited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florala street address _ Florida _ Circ

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 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>	Name	Address	Type of Action
MGR	Lina P. Quirantes	18155 NW 7th Street, Miami, F1, 33125	■Add
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			□Add
			□Remove
			□Change
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Sective date, if other than the date must be the late must be the late the date inserted in this block cument's effective date on the Department's effective date on the Department.	k does not meet th	e applicable stat	f filing or more than utory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605,020' vill not be listed as
ecord specifies a delayed effective ϵ s filed.	ate, but not an effo	ective time, at 1.	2:01 a.m. on the e	arlier of: (b) The	90th day after the
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Filing Fee: \$25.00