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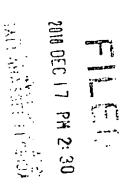
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## **COVER LETTER**

	egistration Sec vision of Corp					
elib iear	BEACH 760	Crrc ,				
SUBJECT	•	Name of Limi	ited Liability Company			
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspor	dence concerning this matter	to the following:			
		T. Thomas Shirley				
Name of Person						
		Dunkin & Shirley, P.A.				
	Firm/Company 170 West Dearborn Street					
		·	Address			
		Englewood, Florida 34223				
		A1@dunkinshirley.com		<del></del>		
		E-mail address: (	to be used for future annual report notification	in)		
For further	information co	oncerning this matter, please ca	all:			
T. Thomas	s Shirley		941 474-7753 at ( )		2018 DEC	224
	Name of	Person	Area Code Daytime Tele	phone Number	DEC 17	Panatae,
Enclosed is	s a check for th	e following amount:			P#	1 2 4
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	, <b></b>

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH 76Q LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our reda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L18000278569	Company were filed on December 0.	3, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
BEECH 76Q LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	201
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	C 17 PH 2: 30
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the ne
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street o	uldress
		_, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
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			Change
			□ Add
			□ Remove
			Change
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	be specific and cannot book does not meet the a	applicable statuto	ng or more than 90 da ry filing requiremen	ys after filing.) Pursi its, this date will r	uant to 605.0 not be listed
record specifies a delayed The 90th day after the reco	effective date, bu ord is filed.	ut not an effec	ctive time, at 12	2:01 a.m. on tl	ne earlier
nted	. 2018				
	Signature of a member of	- nuthorized siz-se	untative of a mambar		<del></del>

Page 3 of 3

Filing Fee: \$25.00