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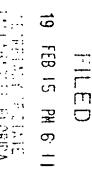
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Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

	stration Section sion of Corpora		,	a.	
SUBJECT: _	Beack	Tran	Sport LLC ted Liability Company	,	
		Nume of Diffe	ted masting company		
The enclosed	Articles of Amer	ndment and fee(s) are subr	mitted for filing.		
Please return a	all corresponden	ce concerning this matter t	to the following:		
	-	David	harrach Name of Person	elle	
	_	Bea	Chile Tra	nsport	UC
	_	295 Q	vail Force	st Blu	/d.
		Naples	PL	3410	5
	_	Deach !!	City/State and Zip Code Code	eport-notification)	rail. com
For further inf	formation concer	ming this matter, please ca	ıll:		
<u>Kat</u>	Name of Pers	Shington	at (181) Area Code	534-C	M93 one Number
Enclosed is a	check for the fol	lowing amount:			
\$25,00 Fi	ling Fee 🗆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		1 \$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/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 like Transport	+.11C
(Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were fill Florida document number 83-315050	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany herę:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	10 160 m
	(7 (T)
	日の
Enter new mailing address, if applicable:	## CO
Mailing address MAY BE A POST OFFICE BOX)	₹ :~
B. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	, Florida

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 Kathy Buthnator 1505 Bluehn Ct. Type of Action <u>Title</u>

	J	9	Naples Fr 34102 - Remove	
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f an effective date is	listed, the date must be	specific and cannot be p	rior to date of filing or me	ore than 90 days after	onal) filing.) Pursuant to 605.0
		tment of State's recor		g requirements, uns	date will not be listed
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Page 3 of 3

Filing Fee: \$25.00