L19000029493

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(Address)
(Address)
(City/State/Zip/Phone #)
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2019 FEB 21 PM 9: 27 SECRETARY OF STATE FALLAHASSEE, FLORED:

APPROVED AND FILED

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COVER LETTER

	tion Section of Corporations	
	n Beach Architect LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	John Beach	
	Name of Person	
	John Beach Architect LLC	
	Firm/Company	
	1140 NE 16 TER	
	Address	
	Fort Lauderdale, FL, 33304	
	City/State and Zip Code	
	johnsbeach@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	nation concerning this matter, please call:	
John Beach	561 860-2101 at ()	
1	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing 1	Fee Solution Fee & So	tus &

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

John Beach Architect LLC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on January 29, 2019	and assigned
Florida document number L19000029493	 .	
his amendment is submitted to amend the followin	g;	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	···	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of the
Name of New Registered Agent:		
New Registered Office Address:		
· — —	Enter Florida street address	
_	, 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>	<u>Address</u>	Type of Action
Principal Officer	John Beach	1140 NE 16 TER Fort Lauderdale FL 33304	= Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
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			Remove
			Change
			□ Remove
			☐ Change

SECRETARY OF STATE AND SEE, FLORE	ve date, if other than the date of filing:					···			_
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The 90th day after the record is filed.			118/201	9					
The 90th day after the record is filed. ated		ated <u>52</u>							
ated OZ/18/ZO19 Signature of a member or authorized representative of a member		ated							

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Filing Fee: \$25.00