19000036475

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COVER LETTER

TO: Registration S Division of Co			
	ad Properties LLC		
SUBJECT:	Name of Limite	ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	•	
	Christine Head		
	Name of Person		
	 	Firm/Company	
	301 Summerland Key Lane		
		Address	
	Lafayette, LA 70508	·	
	christinehead@me.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report not	ification)
For further information of	concerning this matter, please call	l:	
Christine Head		318 613-6454	
Name o	of Person		ne Telephone Number
inclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

Beach-Head Properties LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company L19000036475 Lorida document number	were filed on February 5, 2019	and assigned
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	47 Trail Lane	20
Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach	2 S - T
	Santa Rosa Beach Florida 32459 Pailing address, if applicable: Santa Rosa Beach San	
inter now mailing address if applicables		
, ,,	Lafayette	
Mailing address MAY BE A POST OFFICE BOX)	Louisiana 70508	— 7
Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addres.	<u>s</u>
	Flo	orida
	City	Zip Code
iew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrousions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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
			□Add
			□ Remove
			SHORETARY TALLARY
			SHORETARY OF STATE
			PAT DANG
			Remove
			Change
			□Add
			□ Remove
			Change
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an effective date is listed, the date must be ote: If the date inserted in this block	does not meet the app	licable statutory t	or more than 90 days after filing requirements, this	filing.) Pursuant to 60 date will not be lis)5.0207 sted as
ocument's effective date on the Depar	tment of State's recor	rds.			
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record specifies a delayed effective data is filed.	le, out not an effective	e time, at 12:01 a.	m. on the eartier of: (b)	The 90th day aft	er the
December 10	2019				
	2019	•			
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ated	nature of a member or au	ithorized representa	tive of a member		

Filing Fee: \$25.00