LI9000109063

(Requestor's Name)			
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WELLBAUM & EMERY, P.A.

LORI WELLBAUM EMERY

R.W. WELLBAUM, JR.

(1943-2018)

686 NORTH INDIANA AVENUE ENGLEWOOD, FLORIDA 34223 TELEPHONE (941) 474-3241 FAX (941) 475-2927

July 19, 2022

TRANSMITTAL LETTER

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

SUBJECT: 1937 Beach Road Properties, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Wellbaum Emery Wellbaum & Emery, P.A. 686 N. Indiana Avenue Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery at (941) 474-3241

For further emailing regarding future annual report notifications please email the following:

slstipp@aol.com

Enclosed is a check for the following amount:

X \$25.00 filing fee

_ \$30.00 Filing Fee Filing Fee &

Certificate Status

_\$55.00 Filing Fee &

Certified Copy (add 1

copy is enclosed)

__\$60.00 Filing Fee, Certificate of

Status & Certified

Yours very truly, yours

Lori Wellbaum Emer

COVER LETTER

TO:

Tallahassee, FL 32314

	O: Registration Section Division of Corporations				
EUD IE CT.		1937 BEACH ROAD PROPERTIES, LLC			
SUBJECT	Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		LORI WELLBAUM EME			
			Name of Person	· 	
		WELLBAUM & EMERY.	, P.A.		
			Firm/Company		
		686 N. Indiana Avenue			
			Address		
		Englewood, FL 34223			
		SLSTIPD (E-mail address: (City: State and Zip Code to be used for future annual report notifie	ation)	
For further	information c	concerning this matter, please c	nt):		
Lori Wellbaum Emery			941 474-3241		
Name of Person		f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	he following amount:			
₩ \$25.00	Filing Fee	Certificate of Status	[] \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	11 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address:		
Registration Section			Registration Sect		
Division of Corporations P.O. Box 6327		•	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1937 BEACH RO	DAD PROPERTIES, LLC	UL 22 AM 6: 49
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ried Liability Company)	LAHASSEE.FL
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{04/22/2019}{1}$	and assigned
Florida document number L19000109063		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	n "LLC" or the abbreviation "L. U.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		121. 24.
	City	, Florida 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 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

Title	<u>Name</u>	Address	Type of Action
ЛМВR	MICHAEL STIPP	2255 North Beach Rd	≅∧dd
		Unit 5	□Remove
		Englewood, FL 34223	□Change
			□∧dd
			□Remove
			[]Change
			□Add
			☐Remove
			☐ Change
			IIAdd
			□Remove
			☐ Change
			ClAdd
			Remove
			[]Change
			⊃∧dd
	·		□Remove
			UChange

D. If amending any other information, enter change(s) here: (/	Attach additional sheets, if necessary.)
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F. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, a record is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Typed of printed na	representative of a member

Filing Fee: \$25.00