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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations						
SUBJECT:	Bac	K Beuch	Interiors ited Liability Company	14C		
		Name of Lin	nited Liability Company			
The enclosed	d Articles of Am	endment and fee(s) are sub	omitted for filing.			
Please return	all corresponde	ence concerning this matter	to the following:			
		StEPh	Name of Person)N		
		Back B	Reach IntER	ions LLC		
		625 1	Malaga PK	ACE		
		_Panam	a City Beach City/State and Zip Code j Ohn/Son/3636@ to be used for future annual report notif	h. \$1 32413		
	_	Stephen E-mail address	10hNSON/3636@	gmail. com		
For further in	nformation conc	erning this matter, please o	eall:			
ک	TEPHEN Name of Per	/ Johnson	at (404) 27/	- 0781 Telephone Number		
Enclosed is a	a check for the fo	ollowing amount:				
\$25.00 F	Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Address: gistration Sec	tion	Street Address: Registration Sec	ction		
Div	vision of Corp		Division of Corp	porations		
P.O. Box 6327			The Centre of T	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 0.5-0.7-2019 and assigned Florida document number	Back Beach Inte			
Florida document number	(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on ty Company)	our records.)	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:		filed on <u>05</u>	-07-20,	19 and assigned
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:	dment is submitted to amend the following:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	nding name, enter the new name of the limited liability	company here:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	ne must be distinguishable and contain the words "Limited Liability Co	ompany," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:	principal offices address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	office address MUST BE A STREET ADDRESS)			
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	<u> </u>			
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:				- m
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here: Name of New Registered Agent:	mailing address, if applicable:			<u> </u>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here: Name of New Registered Agent:	address MAY BE A POST OFFICE BOX)			Ġ.
Name of New Registered Agent:		<u> </u>		50
		ess on our recor	rds, <u>enter the name</u>	e of the new registered
New Registered Office Address:	Same of New Registered Agent:			
	New Registered Office Address:			
Enter Florida street address		Enter Florida s	areet address	
, Florida			, Florida	
City Zip Code	•	Tity .		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 lightly 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
<u>AMBR</u>	MARK A Hasenbener	300 CABANG CAY CIPE	#404 BAdd
		300 CABANA CAY CIPE Panama Cily Beach FL 32413	/ □Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
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			Remove
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			□ Change

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Effective date, if other than the date of filing: (opt fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aftened. If the date inserted in this block does not meet the applicable statutory filing requirements, the	er filing.) Pursuant to 605,020 is date will not be listed a
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	~.3
	1970 M
Dated	1-2
 	 - <u>.</u>
1 Cell III C	
Signature of a member or authorized representative of a member	
Stephen D Johnson	
Typed or printed name of signee	

Filing Fee: \$25.00