L19000116837

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	(4
(Dx	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B 6	Parch Adv Name of Limi	an Ce LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aharon	Mandel Name of Person	÷:
	Beach	Advance L	LC
	4020 N Hi	1/s Dr. Ap+ 3	38
	Holly wood,	FL 3302 City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
Aharon Name o	1 and El f Person	at (<u>732</u>) <u>600</u> - Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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)

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

Beach Ac	lvanc	e LL		
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 1 900 0116 & </u>	ability Company	were filed on Mc	y 7, 201	4_ and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	::	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered off	~		our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:	Ahara	on Mand	e l	
New Registered Office Address:	4020	N Hills	Dr Ap+	3.0
	Holly		a street address, Florida	33021 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 Title Type of Action <u>Name</u> **Address** AMBR Adam Worlfers 4020 N Hills Dr. Apt 30 add Hollyhood, FL 33021 X Remove AMBR MGR Aharan Mandel 4020 N Hills Dr. Apt. 38 NAdd Holly Wood, FL 33021 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
		
fan effecti Note: If i	date, if other than the date of filing:	.0207 ed as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Ith day after the record is filed.	er of
Dated	May 14 2019. Shen M.	
	Shen M.	
	Signature of a member or authorized representative of a member A haron Mandel Typed or printed name of signee	

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Filing Fee: \$25.00