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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

Phone: 850-558-1500	
ACCOUNT NO. : I20000000)195
REFERENCE : 652598	4336482
AUTHORIZATION :	
COST LIMIT : \$ 25.00	na.
ORDER DATE : February 9, 2021	
ORDER TIME : 12:24 PM	
ORDER NO. : 652598-010	
CUSTOMER NO: 4336482	
DOMESTIC AMENDMENT FILIN	<u>IG</u>
NAME: JENSEN BEACH LAND LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILI	NG:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

	Registration Sec Division of Corp			
		EACH LAND LLC		
SUBJEC	Л:	Name of Limit	ted Liability Company	_
The enci-	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter t	to the following:	
		Robyn Tuerk		
		-	Name of Person	
		Philips International	_	
			Firm/Company	· <u>-</u>
		40 Cutter Mill Road, Suite	206	
			Address	
		Great Neck, New York 110	021	
			City/State and Zip Code	
		mpagnotta@pihc.com		_
		SEN BEACH LAND LLC Name of Limited Liability Company Cles of Amendment and fee(s) are submitted for filing. Description of Company Robyn Tuerk Name of Person Philips International Firm/Company 40 Cutter Mill Road, Suite 206 Address Great Neck, New York 11021 City/State and Zip Code mpagnotta@pihe.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number Sek for the following amount: Fee \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Address: Address: Street Address: Registration Section Bivision of Corporations ox 6327 Street Address: The Centre of Tallahassee		
For furth	ner information co	oncerning this matter, please ca	all:	
Robyn	Tuerk			
	Nаme o	f Person	Area Code Daytime Telephone Nur	60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) S ee
Enclose	d is a check for th	ne following amount:		
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified Certified Copy is enclosed)	ficate of Status & fied Copy
	Mailing Address Registration S	Section	Registration Section	
	P.O. Box 632	-		
	Tallahassee, l		2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

This amendment is submitted to amend the following: 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 "Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021 Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021	_
Florida document number L19000152815 This amendment is submitted to amend the following: 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 "Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 40 Cutter Mill Road, Suite 206 Great Neck, New York 11021 Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021	
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 "Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021 Great Neck, New York 11021	assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021 Creat Neck, New York 11021	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Great Neck, New York 11021 Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Great Neck, New York 11021 Enter new mailing address, if applicable: 40 Cutter Mill Road Great Neck, New York 11021	"L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Great Neck, New York 11021 Enter new mailing address, if applicable: Great Neck, New York 11021	<u>~\</u>
Enter new mailing address, it applicable: Great New York 11021	0 513
Great Neck, New York 11021	6.
(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 agent and/or the new registered office address here: Name of New Registered Agent:	new registere
New Registered Office Address: Enter Florida street address	
, Florida	
City Zip Co	ode

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific an s block does not	d cannot be prior meet the applic	able statutory filli	ore than 90 days after	ional) or filing.) Pursuant to 60 is date will not be lis	5.0207 sted as
e record specifies a delayed efford is filed.	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day aft	er the
Dated February 8		2021	<u>_</u> ·			
		,				

Filing Fee: \$25.00