

L19000166491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

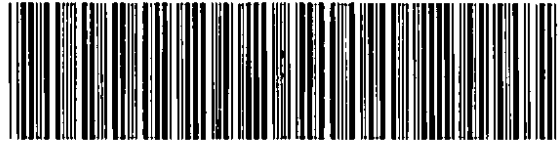
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DIVISION OF CORPORATIONS

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R. HUNT

08/16/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 **\$25.00**

Authorization Signature: \_\_\_\_\_

PRIME BEACH DELIVERS LLC L19000166491

Business Name

Doc. #

\_\_\_ **Certified Copy of**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Officer/Director  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **LLLP**

**AMENDMENTS**

X Amendment  
\_\_\_ Resignation of R.A.  
  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ **Amended and restated Articles**  
\_\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_\_ Annual Report  
  
\_\_\_ Fictitious Name  
  
\_\_\_ APOSTILLE

**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ Other

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DIVISION OF CORPORATIONS

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Prime Beach Delivers LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Renee Kaplowitz

Name of Person

Prime Beach Delivers LLC

Firm/Company

211 Flagler Lane

Address

West Palm Beach, FL 33407

City/State and Zip Code

rob@primebeachdelivers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kaplowitz

at ( 917 ) 699-2138

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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

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**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

1410  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 16 PM 12:40

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated August 16

2023

Signature of a member or authorized representative of a member

Renee Kaplowitz

Typed or printed name of signee

**Filing Fee: \$25.00**