

L190000185 790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

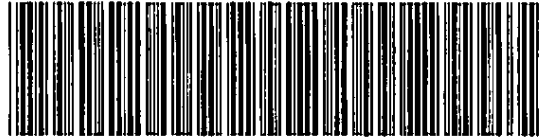
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachside Adventures, 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:

Natasha Danskine
Name of Person

Beachside Adventures, LLC
Firm/Company

524 Grant ave Unit B
Address

Satellite beach, FL 32937
City/State and Zip Code

info@beachsideadventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Danskine at 321 : 325 5725
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 28 AM 9:16

11:11 AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Beachside Adventures, LLC

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 July 18, 2019 and assigned
Florida document number L19000185790.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

524 grant ave unit A
Satellite beach, FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Natasha Danshine

New Registered Office Address:

524 grant ave unit A

Enter Florida street address

Satellite beach Florida 32937

City

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.

Natasha Danshine

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>
MGR	Natasha Dinskyne	524 gram ave unit A	<input checked="" type="checkbox"/> Add/leave on
		Satellite beach, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jenipher Johnson	120 Shendan ave	<input type="checkbox"/> Add
		Satellite Beach, FL	<input checked="" type="checkbox"/> Remove
		32937	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Change

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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.

Date: 10/1/2019

Natasha Damskine / [Signature]
Signature of a member or authorized representative of a member

Natasha Damskine / Jeremiah Johnson
Typed or printed name of signee