

L19000201715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

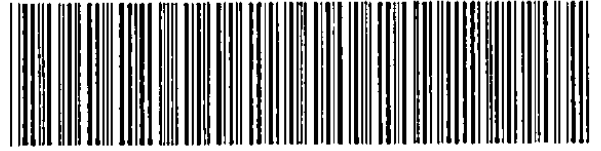
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 04 2020

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/1/20

NAME: CITY & BEACH SOUTH FLORIDA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie/Paul Hodge", with a long horizontal line extending to the right.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: City of Beach South Florida 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:

Chris Schlitz
Name of Person

City of Beach South Florida LLC
Firm/Company

1777 NORTHEAST EXPRESSWAY Suite 280
Address

Atlanta GA 30329
City/State and Zip Code

Chris@TPAmetriofAtlanta.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Schlitz at (561) 225-5774
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

City of Beach South Florida LLC

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>
<u>MGR</u>	<u>FRANK EGAN</u>	<u>3324 CAT BIRTAIR</u>	<input type="checkbox"/> Add
		<u>Saint Cloud FL 34723</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Charles Medale</u>	<u>7811 Ashley Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Bradenton FL 34201</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Christophe Schütz

Typed or printed name of signee

Filing Fee: \$25.00