# 190002075

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DATE: 5/1/20

NAME: CITY & BEACH SOUTH FLORIDA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: City & Be	og Soll	h Florda	UC	
	Name of Limited L	iability Company		
The enclosed Articles of Amendment	and fee(s) are submitte	d for filing.		
Please return all correspondence conce	rning this matter to the	following:		
	Chris Sch	Name of Person		
Ci	4 > Beach		Florda	<u>Lic</u>
17	177 Non	HEAST C	=4PISS	ing side 200
AT	Chrico-	A 3032	5	
<del></del>	E-mail address: (to be t	J PA-6 MC+ used for future annual re	eport notification)	to.com
For further information concerning thi		€(01	クフミ・ぐ	776
Name of Person		at (SG)	Daytime Telepho	ne Number
Enclosed is a check for the following a	inouit:			
	Filing Fee &  icate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Division The Cent 2415 N.	dress: tion Section of Corporation tre of Tallahas: Monroe Street. sec, FL 32303	see

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 Registered Office Address: Enter Florida street address Florida 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.

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	<u>Name</u>	Address	Type of Action
MOR	FRANKEGAIN	3324 CAT BrANT	Po GAdd
		SAIN Cloud + C 3472	3 Semove
	,		□Change
MCE	Charles Medale	7811 ASHley Circle Bradonton EL 34	2 DAAdd
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u an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Fffer	tive date, if other than the date of filing:
It an e Note	ffective date, if other than the date of filing:
e reco	ord 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 filed.
Date	May 1, 2020
	WAH MANTA
	Signature of amember of authorized representative of a member
	Christeples Schlift

Filing Fee: \$25.00