K19000210400

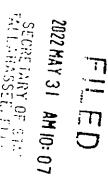
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Blach Babe B	outlave LLC
Name of Limi	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing
	-
Please return all correspondence concerning this matter to	to the following:
Christa	Name of Person
coral &	reef
	Firm/Company
3965 Robe	1+5 P+ Rd. Address
Siesta	Key FL 34742 CityState and Zip Code
Ohris	to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Christian Lily Name of Person	at (941) 445 · 7545 Area Code Daytime Telephone Number
	• •
Enclosed is a check for the following amount:	
₹ \$25.00 Fiting Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beach Babe Box	tiave LLC	9
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900210400</u> .	were filed on Aug 19 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab (OVA) & CEF LIC The new name must be distinguishable and contain the words "Limited Liabile"		e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3985 Roberty Pt Siestakey FL 342	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	cay	zap come

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	fanager Authorized Member	la	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Change

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an effectiv ote: If th	date, if other than the date of filing: July 2022 (optional) we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
ecord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ited	May 24, 2027.
ated	Signature of a member or authorized representative of a member