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COVER LETTER

TO:

Registration Section

Division of Corporations CITY & BEACH OF TAMPA, LLC SUBJECT: _ 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: LAUREN LEMAY Name of Person COAST TO COAST OF MELBOURNE, LLC Firm/Company 322 E. PINE STREET Address ORLANDO, FL 32801 City/State and Zip Code MANAGER@JPARORLANDO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN LEMAY 407 818-8740 Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY & BEACH OF TAMPA, 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 10/31/2019	and assigned
Florida document number L19000272886		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
COAST TO COAST OF MELBOURNE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2419 S. BABCOCK STRE	HT
(Principal office address MUST BE A STREET ADDRESS)	SUITE A	
	MELBOURNE, FL 32901	
Fatan and an illine address if anyther block		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ei</u>	iter the name of the new registere
New Registered Office Address:	Enter Florida street a	ddress
		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If Cha	nging Registered Agent, Signat	ure 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Change
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. If amending any other informa	non, enter change(s) here:	(Апасп ааатона ѕпееня, у не	cessary.j
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable	date of filing or more than 90 days art le statutory filing requirements, th	tional) er filing.) Pursuant to 605.0207 (3 nis date will not be listed as th
he record specifies a delayed effectivord is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: ((b) The 90th day after the
Dated APRIL 15	. 2020		
\bigcirc	0		
	Signature of a member or authorize	ved representative of a member	
LAUREN LEMAY			
	Typed or printed:	name of signee	

Filing Fee: \$25.00