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(Address)
(Address)
(City/State/Zip/Phone #)
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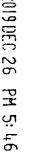


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COVER LETTER

	Registration Se Division of Cor			
CUDIEC	CENTRAL	. FLORIDA CITY & BEACH 2	ALLS GROUP, LLC	
SUBJEC	.1:	" Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn ail correspo	ondence concerning this matter	to the following:	
		LAUREN LEMAY		
			Name of Person	
		CENTRAL FLORIDA CIT	TY & BEACH ALLS GROUP, LLC	
			Firm/Company	
		322 E PINE STREET		
		-	Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		MANAGER@JPARORLA		
			to be used for future annual report notific	auon)
For furth	er information c	oncerning this matter, please ca	all:	
LAURE	N LEMAY		407 818-8740	
-	Name o	f Person	at () Area Code Daytime T	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S	_	<u>Street Address:</u> Registration Secti	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA CITY & BEACH ALLS GROUP, LLC						
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)					
The Articles of Organization for this Limited Liability Company were fil	ed on OCTOBER 31, 2019 and a	ssigned				
Florida document number L19000273027						
his amendment is submitted to amend the following:						
If amending name, enter the new name of the limited liability company here:						
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "	L.L.C."				
Enter new principal offices address, if applicable:	2019					
Principal office address MUST BE A STREET ADDRESS)	. 90	1				
	3.5					
	; ∂					
Enter new mailing address, if applicable:]				
Mailing address MAY BE A POST OFFICE BOX)	ن	ii				
	, c	יע				
B. If amending the registered agent and/or registered office address gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the no	ew registe				
	, Florida					
Cin						

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	Name	Address	Type of Action
D	JESSICA PARKER	322 E PINE STREET	
		ORLANDO, FL 32801	□Remove
			■Change
			□Remove
			□Change
		 	□Add
			□Remove
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