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Certified Copies	Certificates	s of Status
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Y. SCOTT NOV - 9 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEFFREY P CHANDLER		
		Name of Person	
	BEACHWOOD LANE PI	ROPERTY MANAGEMENT LLC	2023 KOV -3 PM 3: 12
	<u> </u>	Firm/Company	
	111 ORANGE AVE #305		ယ် (
		Address	
	FORT PIERCE, FL, 3495	0	3: 12
		City/State and Zip Code	
	JEFF@CHANDLERCRE.	COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACHWOOD LANE PROPERTY MANAGEMENT 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 Co	ompany were filed on 12/09/201	9 and assigned
Florida document number L19000290478	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
VERTERRA PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designation	n "LLC" or the abbreviation "L.b.C."
Enter new principal offices address, if applicable:		N STA
• • • • • • • • • • • • • • • • • • • •		<u> </u>
Trincipal office address (1031 DE A STREET ADDR	<u></u>	
		<u> </u>
		-
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 new reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:	omce address on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida stree	address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dut ent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
		-	□Add
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Filing Fee: \$25.00