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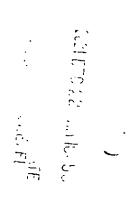
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A. BUTLER
JAN 1 2 2022

COVER LETTER

TO:	Registration Section Division of Corporation
SUBJI	ECT: A+ BEACHES &

SUBJECT: A+ BEACHES & AIRPORT TRANSPORTATION, LLC
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:

	Corpor	ate Maintenance Le	ead	
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Prod	essing Department	L	
		Firm Company		
	•	1450 Vassar St		
	•	Address	· · · · · · · · · · · · · · · · · · ·	
		Reno, NV 89502		
City/State and Zip Code				
		locs@incauthority.com		
	concerning this matter, please c	900 629 7270		
	of Person	ar (те Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional.copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
• •				

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A+ BEACHES & A	AIRPORT TRANSPORTA bility Company as it now appears of rida Limited Liability Company)	ATION, LLC
The Articles of Organization for this Limited Liability Florida document number L19000296066	v Company were filed on 12/0	4/19 and assigned
This amendment is submitted to amend the following	:	·
A. If amending name, enter the new name of the l	imited liability company here	:
. A PLUS BEACHES &	AIRPORT TRANSPORT	ATION, LLC
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DRESS)	
(Principal office address MUST BE A STREET AD	<u> </u>	
The many modified address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	raistanud office address on a	our records, enter the name of the new
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	address here:	in records give the same of
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florid	a 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	Name	<u>Address</u>	Type of Action
MGR	Lawrence Cooper	1117 S Tyndall Pkwy Lot 39	
	ļ	Panama City, FL 32404	
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·	arcus	Signature of a	nember or author	orized representat	ive of a member		

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Filing Fee: \$25.00