

Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : PEEK & ASSOCIATES Account Number : I20180000018 Phone : (904)596-8524 Fax Number : (904)352-1155

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Email Address: Shrade

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITY & BEACH REFERRALS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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Cit SUBJECT:	ty & Beach	Referrals, LLC			
		Name of Limi	ted Liability Company		
		endment and fee(s) are sub-	_		
		Shawnee Brady			
			Name of Person		
		Peek & Miska			
			Firm/Company		
	200 E Forsyth Street Address				
		Jacksonville, FL 32202			
			City/State and Zip Code		
	; -	sbrady@peekmiska.com			
For further info	rmation cond	e-mail address: (1 erning this matter, please ca	to be used for future annual report notification	on)	201
Shawnee Brac	yt		904 598-8524		
•	Name of Pe	rson		ephone Number	2 PK 0K
Enclosed is a ch	eck for the f	ollowing amount:			2: 5 14: 18:15
■ \$2 5.00 Filin	ng Fee	S30.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

From: Charlee Miska

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City & Beach Referrals, LLC	<u> </u>	
(Name of the Limited L (A F	lability Company as it now appears on our recordorida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabil Florida document number L20000005449	ity Company were filed on 01/08/2020	and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		20 FEB -5
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>xo</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	,, .I	Florida
-	City	Zip Code
At D. S. A. M. Olemanni (C.S. San Dan)		

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 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>	<u>Name</u>	Address	Type of Action
Pres	Shawn O'Neill	6144 Gazebo Park Pl S Suite 212	≅ Add
		Jacksonville, Florida 32257	
			□Change
			□Add
			□Remove
		·	Change
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			□Change
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ffective date if other than the i	late of filing:			11	antional)	
ffective date, if other than the can effective date is listed, the date must	be specific and co	unnot be prior to	date of filing or	nore than 90 days	after filing.) Pursu	ant to 605.0207
inte: If the date inserted in this blo ocument's effective date on the De	ck does not mee partment of Stat	et the applicab te's records.	ole statutory fili	ng requirements	, this date will no	ot be listed as
record specifies a delayed effective	date, but not ar	n effective tim	e, at 12:01 a.m	on the earlier o	f: (b) The 90th	day after the
t is filed.					. ,	·
faguary 24		2020				
January 24	······································		- •			
Mer	•					
0,,00	ignature of a me	mber or authori	zed representativ	e of a member		
						
Charlee L. Miska, Peel	. D Belialia					