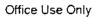
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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section Division of Corporations

TO:

Surf Park :	323 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather McConville		
		Name of Person	·
	Surf Park 323 LLC		
	232 1216	Firm/Company	
	323 13th avenue north		
		Address	
	Jacksonville Beach, Fl 32	250	
	heather@alarealtyservices	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Heather McConville		904 9455496	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	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 Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surf Park 323 LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v 1.20000067646 Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 HA
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		5 PH 5
(Mailing address MAY BE A POST OFFICE BOX)	****	· F
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	лр Соае

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 t 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph McConville	619 14th avenue north Jax Beach fl 32250	□ Add
			Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
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		•
f an effective date is listed, the date	he date of filing: (option nust be specific and cannot be prior to date of filing or more than 90 days after f	iling.) Pursuant to 605.0207 (.
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this	date will not be listed as the
document's effective date on the	Department of State's records.	
e record specifies a delayed effe rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
a is mea.		
MAY 12	2020	
Dated	· · · · · · · · · · · · · · · · · · ·	
16.	AT A Mariell	
/Xa	Signature of a member or authorized representative of a member	
,		
Heather McConville		
	Typed or printed name of signee	