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S. PRATHER

COVER LETTER

BEACHSE SUBJECT:	IACK BEACH RENTALS, LL	C			
	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:			
	BELINDA BURTON				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	L GEORGE LEONARD C	PA PA			
	Firm/Company				
	1485 N ATLANTIC AVE	SUITE 102			
		Address			
	COCOA BEACH, FL 3293	31			
		City/State and Zip Code	,		
	LGL@LGLCPAFIRM.COM	M			
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
BELINDA BURTON		321 799-1691 at ()			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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)		

TO:

Registration Section **Division of Corporations**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BEACHSHACK BEACH RENTALS, LLC

	OF	
BEACHSHACK BEACH RENTALS, LLC		
	ompany as it now appears on our records.) ited Liability Company)	Plant May 26
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/08/2020	and assigned
Florida document number L20000099239		REL
This amendment is submitted to amend the following:		ŕ
A. If amending name, enter the new name of the limited	liability company here:	
BLUE SKY BEACH RENTAL LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or	the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
700	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent and		er agree to comply with

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>	Name	Address	Type of Action
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			□Remove
			□Change
			□ Add
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ective date, if other than t	ha data of filir			(anti-	amal)
effective date is listed, the date n	nust be specific an	id cannot be prior	to date of filing or r	option (option or than 90 days after	filing.) Pursuant to 605.020
te: If the date inserted in this ument's effective date on the				ig requirements, this	s date will not be fisted a
cord specifies a delayed effects filed.	tive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
					F. 2
red MAY 10		2022	·		2022 MAY 26
					H. A.
1/2/1	r.\// ^		n I A		26 AP

Typed or printed name of signee