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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Beaches IS	SB, LLC		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kathleen Tomlinson		
		Name of Person	
	Beaches ISB, LLC		
		Firm/Company	
	PO Box 4088		
		Address	<i></i>
	Ormond Beach, FL 32175	5	, ,
		City/State and Zip Code	
	kathleentomlinson1@gmail		
	E-mail address; (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Charles Duva		386 589-4627 at ()	ហ
Name o	of Person	Area Code Daytime	Telephone Number
linclosed is a check for t	the 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 Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroc	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaches ISB, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(5.</u>)
The Articles of Organization for this Limited Liability Conformal document number \(\frac{\L20000141022}{\L20000141022}\).	npany were filed on May 26, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	l Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRES</u>	SS)	~~)
		, , , , , , , , , , , , , , , , , , ,
nter new mailing address, if applicable:		. <u>.</u>
Mailing address MAY BE A POST OFFICE BOX)	·	***
		را دا
 If amending the registered agent and/or registered o gent and/or the new registered office address here: 	ffice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		··· -
New Registered Office Address:	Enter Florida sweet address	
	Enter Plorida sweet addres:	<i>y</i>
	, Flo	orida Zip Code
	Cui	rap Cour

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
AMBR	Justin McNamee	PO Box 4088	□ Add
		Ormond Beach, FL 32175	■Remove
			Change
			□Add
			☐Remove
			् <u>ञ</u> Change
			☐Remove
			□Change
			□Add
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