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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT: B	each GiRls	Clean		
Soldier.		ted Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Dorott	Name of Person		
	BeachGi	RIS Clear		
	2819 52	ma st s		1
	Gh Gu	Address TL	33/10/7	
	Lightheart E-mail address: (1	City/State and Zip Code  On to O T Cl  o be used for future annual report notif	oud CM fication)	20 年 7
For further information of	concerning this matter, please ca	ıll:		
DOV OTHER Name of	5mth of Derson	at 121 201 Area Code Daytime	209 e Telephone Number	PH 3: 57
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 Sta Certified Copy (additional copy is e	atus & 

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** 

Dorch Giple 1	1/200		
(Name of the Limited Liability Com	pany as it now appears d Liability Company)	on our records.)	— "🍫 🦎
(A Florida Limite	d Liability Company)	- 0 11-0000	, کر بری
The Articles of Organization for this Limited Liability Compar	y were filed on	111/44000 ar	nd assigned
Florida document number <u>L 2000 153 1</u> 2	3		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, <u>enter the name of th</u>	e new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Flori	da strvet address	
		, Florida	( )
Non-Designational Accessing Companyor of about in Designational Assessment	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agen			1
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of t s provided for in C	my duties, and I am familia hapter 605, F.S. Or, if this	ir with and document is
If Ch	nanging Registered Age	nt, 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

<u>Title</u>	Name	Address 1	Type of Action
MGR	Doeothy Smith	2819 52 md st s Gulfport 7 L 3310	iXAdd
		Gulfport 7L3310	☐ □ Remove
			□Change
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If amending any	other information, enter	change(s) here: (A	llach additional sheets,	if necessary.)	
				<u></u>	
		_			
- · · · · · · · ·					<del>_</del>
(If an effective date is Note: If the date:	other than the date of fili listed, the date must be specific a inserted in this block does no ive date on the Department o	and cannot be prior to da t meet the applicable	e of filing or more than 90 di statutory filing requireme	_ (optional) ays after filing.) Pursuant to ents, this date will not be	605,0207 ( listed as tl
ne record specifies a ord is filed.	a delayed effective date, but r	not an effective time, a	at 12:01 a.m. on the earlie	er of: (b) The 90th day	after the
Dated	ne Il	.2020			
	Oug & Signature of	MIH- a member or authorized	representative of a member	ī	_
	11	< - 11	•		