Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number : 120190000062

Phone : (239)850-9451 Pax Number : (866)929-0535

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: PSF b@ Comcast. net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHSIDE NEW SMYRNA LLC

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AUG 2 4 2020

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COVER LETTER (H 200002902753)

	ision of Corporations							
CUDIECT.		DE NEW SMYRNA LLC						
SUBJECT:		Name of Limited Liability Company						
The enclosed	d Anicles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	n all correspo	ndence concerning this matter	to the following:					
		BRENT BURCHETT						
			Name of Person					
	Firm/Company 11201 CORPORATE CIR. N STE 100							
Address								
		ST PETERSBURG FL 33	716					
			City/State and Zip Code					
		BRENTB@BSHGRP.COM		<u> </u>				
		E-mail address: (to be used for future annual report no	otification)				
For further i	information c	oncerning this matter, please c	all:					
KEITH E L	ONG		239 400-2060 at ()					
	Name o	f Person		ime Telephone Number				
Enclosed is	a check for th	ne following amount:						
€ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Majling Address: Registration Section		Street Address: Registration Section						
Division of Corporations			Division of Corporations					
	O. Box 632 Illahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810				

(H200002902753)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT (H20000 24027 55 TO ARTICLES OF ORGANIZATION OF

BEACHSIDE NEW SMYRNA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any sa it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000235347</u>	y were filed on <u>08/13/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
POE'S CROW, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	W-14	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		7020
Putan many and the address of applicables		*
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		N ···
		
B. If amending the registered agent and/or registered office		anten the name to the new registers
agent and/or the new registered office address here:	address on our records,	center the finding of the new registere
Agent Title 10 Together to State 1		ω
Name of New Registered Agent:		
New Registered Office Address:		_
TOWN THE PROPERTY OF THE PARTY	Enter Florida street	address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GREG POWERS	11201 Corporate Cir North Suite #100	≣Add
		St. Petersburg, FL 33716	□Remove
			Change
MGR	LISA SMITHSON	11201 Corporate Cir North Suite #100	🛱 Add
		St. Petersburg, FL 33716	□ Remove
			Change
			□ Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Add
			□Remove
			Change

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	AUGUST 19 2020 May Land
	Signature of amember or authorized representative of a member

(H20002902753)

Filing Fee: \$25.00