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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238

Phone

: (305)591-9448

Fax Number

: (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE BEACHIN' PLACE LLC

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001/12/2020/MON 09:28 AM Nations Business C.

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

ONE BEACHIN' PLACE LLO	C ·	
(Name of the Limited Liability (A Florida)	y Company as it now appears on our reco Linuted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number L20000279935	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		2020 OI
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>
B. If amending the registered agent and/or registered	office address on our records ant	er the name of the new registers
agent and/or the new registered office address here:	office address on our records, ent): 22 03:07
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street adds	resz
	.1	Florida
	City	Zip Code

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 fille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized:Mamber

Title	Name	Address	Type of Action
PS	Lorraino R. Carrio Revocable Trust	6190 NW-91 Avenue	
· Carrier general		Parkland PL 33067	_
		·	≅Clinnge
MGR-	Lorraine R. Carrio Royocable Truss	6190 NW 97 Avenus	'Üİ∨eq
		Parkland FL 33067	□Ramove
		<u> </u>	
√ĴP	Crystal L. Kyzar	817 Paddy Road	
		Floresyilic TX 78114	ElRemove
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FF 41111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Vote: .1	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605:021 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and's effective date on the Department of State's records.
record Lis file	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
ated _	10/6/ 2020
	A Don Chatin
	Signature of a member or authorized representative of a member
	- /