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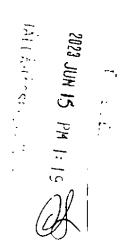
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Cabana Bea	ich Apartments, LLC		
30BBC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matt Kearce		
	Matt Kearce	Name of Person	
	Pigott, Pigott & Kearce	P: (C)	
		Firm/Company	
	4600 Military Trail, Ste 20)1	
	·	Address	
	Jupiter, FL 33458		
	5 tiprice, 1 12 2 2 12 12 12 12 12 12 12 12 12 12	City/State and Zip Code	-
	prw1318@gmail.com	·	
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please co	all:	
Matt Kearce		at (561) 842-4922	
Name o	f Person	at (561) 842-4922 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL

Cabana Beach Apartments, LLC	202	3 JUN 15 PM 1:15
(<u>Name of the Limited Liability C</u> (A Florida Lii		
	IA: I	AHAMATE TO THE
The Articles of Organization for this Limited Liability Com-	ipany were filed on 9/9/20	and assigned
lorida document number 1.20000281279		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	I liability company here:	
he new name must be distinguishable and contain the words "Limited	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 ADDRES	<u> </u>	1
		;
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of	ffice address on our records, <u>ent</u> e	er the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress .
		Florida
	City	FloridaZip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Paul Weimer		□Add
		960 NE 95th Street, Miami Shores, FL 33138	=Remove
			□Change
AMBR	Irina Konstantinov	960 NE 95th Street, Miami Shores, FL 33138	
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remov e
			☐Change.
			□Remov e
			Change
			□Add
			□Remove

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	ated	May 15, 2023.
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Paul Weimer		Signature of a member or authorized representative of a member
		Paul Weimer