

h20000319538

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLORIDA BEACH STAYS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Greissinger

Name of Person

Florida Beach Stays, LLC

Firm/Company

2507 Bluewater Dr

Address

Wauconda, IL 60084

City/State and Zip Code

Jodigreissinger@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Greissinger

at 847 420-1041
Area Code Daytime Telephone Number

Name of Person

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for 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 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**

FLORIDA BEACH STAYS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/08/2020 and assigned
Florida document number 120000319538.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6100 ESTERO BLVD. #4A

FORT MYERS BEACH, FL 33931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6100 ESTERO BLVD. #4A

FORT MYERS BEACH, FL 33931

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gary Greissing

New Registered Office Address:

6100 ESTERO BLVD. #4A

Enter Florida street address

Fort Myers Beach

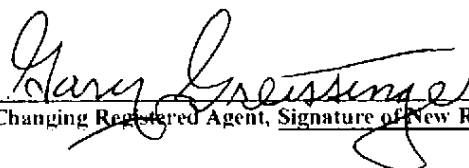
Florida 33931

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GREISSINGER, KURT E	1270 GULF BLVD, UNIT # 1801	<input type="checkbox"/> Add
		CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREISSINGER, AMY R	1270 GULF BLVD, UNIT # 1801	<input type="checkbox"/> Add
		CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREISSINGER, ERIK S	2507 BLUEWATER DR.	<input type="checkbox"/> Add
		WAUCONDA, IL 60084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL

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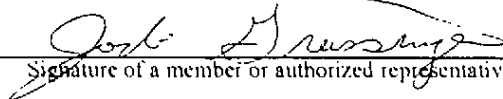
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 16, 2022



Signature of a member or authorized representative of a member

Jodi Greissing

Typed or printed name of signee