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SECRETARY OF STATE

SECRETARY OF STATE

A. BUTLER MAR - 8 2022

COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE	CYTT	A INTERNATIONAL COVE, I	LLC	••
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		SUSAN L. KIDD		
			Name of Person	
		SEABREEZE BOOOKKE	EPING & TAX SERVICE, LLC	
			Firm/Company	
		441 S. RIDGEWOOD AV	ENUE	
			Address	
		DAYTONA BEACH, FL	32114	
			City/State and Zip Code	
		susan@seabreezeaccounting	g.com to be used for future annual report notification)	
For furth	her information c	oncerning this matter, please ca		
	L. KIDD		386 258-5880	
	Name o	f Person	Area Code Daytime Telephon	e Number
Enclosed	d is a check for th	ne following amount:		
≡ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION—FILED

DAYTONA INTERNATIONAL COVE, LLC

2021 FEB 28 AM 7: 21

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears once ed Liability Company)	EUREPANNY OF ST	ATE
The Articles of Organization for this Limited Liability Compa			and assigned
Florida document number L20000345601	-		<u>.</u>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
INTERNATIONAL COVE, LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa-	tion "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:	 Enter Florida str	vet address	
		Florida	
	City	, Florida Z	tip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a 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 offi- company has been notified in writing of this change.	ete performance of my d as provided for in Chapt	luties, and I am fami er 605, F.S. Or, if th	liar with and iis document is

If Changing Registered Agent, 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	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Department.	he specific and canno ck does not meet th	e applicable stat	filing or more than 9 utory filing require	(optional) 0 days after filing.) Purements, this date will	rsuant to 605,0207 (not be listed as t
	date, but not an eff	ective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90	th day after the
l is filed.	202	2			
I is filed. Pated FEBRUARY 22		·			
Pated	Signature of a member	·	presentative of a men	ber	

Filing Fee: \$25.00