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From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 : (813)273-4229

Phone Fax Number

: (813)273-4396

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

ä

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHSIDE ELEVEN, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beachside Eleven, LLC	Liability Company	y as it now appears on our r shilty Company)	ecords.)		
(Name in the Diame)	Florida Limited Lis	ibility Company)			
The Articles of Organization for this Limited Lia Florida document number L21000022266	bility Company w	vere filed on January 25,	2021	_ and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	rds 'Limited Liabilit	ry Company," the designation	"LLC" or the abbr	cviation "L.L.C."	ž
The new name must be distinguistable and contain the wo	144 1			• •	2
Enter new principal offices address, if applica	ble:			,-;·· [بر ابر آید
(Principal office address MUST BE A STREET				USC. T	# 25 80
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11201 Corporate Circle	N.	•• • • •	
		Suite 100			පා
		St. Petersburg, Plorida 3	3716		_
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	ddress on our records,	cuter the name	of the new registere	<u>:d</u>
Name of New Registered Agent:	Lisa Smithson				
	11201 Corporat	te Circle N., Suite 120			
New Registered Office Address:		Enter Florida stree	t address		
	St. Petersburg		Florida 337		
·		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.

f Changing Registered Agent, Signature of New Registered Agent

(((H210000770743)))

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
MGR	Beachside Hospitality Management, LLC	11201 Corporate Circle N.	■Add
		Suito 100	Remove
		St. Petersburg, Florida 33716	
MGR	Greg Powers	11201 Corporate Circle N.	(DAdd
		Suite 100	■ Remove
		St. Petersburg, Florida 33716	☐ Change
MOR	Lisa Smithson	11201 Corporate Circle N.	□Add
		Suite 100	■ Remove
		St. Petersburg, Florida 33716	
			DAdd
			The Control of the C
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	• • • • • •	2021	
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	22	128	
	10	<u> </u>	T
	OF STATE	AH 10: 5	
	<u> </u>	5-	
			
	·—·		
E. Effective date, if other than the date of filing: (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.) I Note: If the date inserted in this block does not meet the applicable starutory filing requirements, this date we document's effective date on the Department of State's records.	Pursuant to 605,02 rill not be listed	.07 (3)(b) as the	
if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	90th day after ti	ne	
Dated February 24 2021			
Signature of a member or authorized representative of a member			
Lisa Smithson	······································		
Typed or printed name of signed			

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