L21000046907

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COVER LETTER

	Registration Se Division of Cor					
		ME IRB, LLC				
SUBJEC	T:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fec(s) are sub	this matter to the following: HELEN VAN ROMER Name of Person IRB, LLC Firm/Company UE, UNIT 401 Address City/State and Zip Code RB@GMAIL.COM all address: (to be used for future annual report notification) er, please call: 1			
Please ret	urn all correspo	endence concerning this matter	to the following:			
		GARRY AND HELEN VA	AN ROMER			
			Name of Person			
		BEACH TIME IRB, LLC				
			Firm/Company			
		2 15TH AVENUE, UNIT	401			
			Address			
		INDIAN ROCKS BEACH	I, FL 33785			
		-	•			
		BEACHTIMEIRB@GMAI		- (Carian)		
For furthe	er information c	oncerning this matter, please co		nincation)		
HELEN	VAN ROMER					
	Name o	f Person		me Telephone Number		
Enclosed	is a check for the	ne following amount:				
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	Mailing Addres Registration S	Section	Registration S			
	Division of C P.O. Box 632	-	Division of Co The Centre of			
	Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL -7 PM 12: 13

BEACH TIME IRB, LLC				1 PH 12: 13
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears of liability Company)	n our records.)	
he Articles of Organization for this Limited Lorida document number L21000046907				and assigned
his amendment is submitted to amend the follo	owing:			
If amending name, enter the new name o	f the limited liab	ility company here	:	
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applic	able:	2 15th Avenue, Ur	nit 401	
Principal office address MUST BE A STREET ADDRESS)		Indian Rocks Beac	eh, FL 33785	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
3. If amending the registered agent and/or r gent and/or the new registered office addre		address on our reco	ords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	TRASK DAIGNEAULT LLP			
New Registered Office Address:	1001 S. FT. HA	ARRISON AVENUE	SUITE 201	
		Enter Florida	street address	
	CLEARWATE		, Florida _ ^{337;}	56
		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

MEGAN R. HAMISEVICE, OF TRASK DAIGNEAULT, LLP 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>	Type of Action
AMBR	HELEN C. VAN ROMER	2 15TH AVENUE, UNIT 401	= Add
		INDIAN ROCKS BEACH, FL 33785	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□ Change
			□Add
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an effect ote: If	e date, if other the date is listed, the the date inserted in t's effective date of	date must be spo n this block do	ecific and can ses not meet	not be prior t the applica	o date of filing ble statutory	g or more than filing requir	(option 90 days after fi ements, this o	ling.) Pursuant to	605.0207 (listed as t
l is filed	_	effective date,	, but not an	effective tin	ne, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
ated	JNE 30			7			 -		
		Signat	ure of a men	ber or autho	rized represen	tative of a mer	nber		-

Filing Fee: \$25.00