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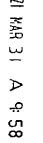
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COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: beach bonny Name of Limité	d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter to	the following:
Bonny	Van Dalsen Name of Person
beach	Firm/Company LLC
	/W 25th Lane
_ Cape C	Oral, FL 33993 City/State and Zip Code
<u>beach b</u> E-mail address: (to	onn (a Jahoo Com be used for future annual report notification)
For further information concerning this matter, please cal	l:
Bonny Van Dalsen Name of Person	at (<u>309</u>) <u>275-5298</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	C)
☑ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) 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, El. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

beach bonny, L	.LC
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	<u>t now appears on our records.</u>) y Company)
The Articles of Organization for this Limited Liability Company were	filed on $\sqrt{-28-202}$ and assigned
Florida document number 4 2 / 0000 5 / 99 4.	
•	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany "the designation "LLC" or the abbreviation "L.L.C."
· ·	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre	ss on our records, enter the name of the new registered
ngent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida ~
	City — Zip Code
New Registered Agent's Signature, if changing Registered Agent:	T AA T

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, Phis 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 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
Director	Bonny Van Dalsen	2226 NW 25th Lane	Add
MGR	1	2226 NW 254h Lane Cape Coral, F/ 33993	3_ □Remove
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an effective date is liste	ner than the date of the ed, the date must be specific erted in this block does no	and cannot be prior to date	of filing or more than	90 days after filing.) Pu	radant to 6 <u>05.</u> 020
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	Signature o	f a member or authorized	representative of a me	mber	
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