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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ESS BEACHSIDE, LLC				
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	Irene Fonzi, Esquire				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Beachside Law Office				
		Firm/Company			
	1402 Highway A1A, Suite	2 A			
		Address			
	Satellite Beach, FL 32937				
		City/State and Zip Code			
	ifonzi@fonzilaw.com				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please e	all:			
Irene Fonzi		321 777-1191 at ()			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 5 Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee		
Tallahassee, l	nt. 52314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELENTLESS BEACHSIDE, LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on March 16, 2021	and assigned
Florida document number L21000124721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <del>20</del> 20 · ·
(Principal office address MUST BE A STREET ADDRESS)		E TO
	·	2 =
		SSS - III
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 office adagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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

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	LAWRENCE S. JARNES	466 NORTH HARBOR CITY BOULEVARD	□Add
		MELBOURNE, FL 32935	≣Remove
			□Change
AMBR	IRENE FONZI	1402 HIGHWAY A1A, SUITE A	
		SATELLITE BEACH, FL 32937	≣Remove
			□Change
AMBR	LJ REAL ESTATE HOLDINGS, L	466 NORTH HARBOR CITY BOULEVARD	<b>=</b> Add
		MELBOURNE, FL 32935	□Remove
			□Change
AMBR	FONZI SATELLITE BEACH, LLC	1402 HIGHWAY A1A, SUITE A	<b>≣</b> ∆dd
		SATELLITE BEACH, FL 32937	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove

). If amending ar	ny other information	ı, enter chang	e(s) here: (Auc	ich additional s	heets, if necess	sary.)	
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(If an effective date Note: If the date	if other than the dat is listed, the date must be a inserted in this block active date on the Depar	specific and canno does not meet th	ne applicable stat	utory filing requ	(option n 90 days after fil irements, this d	ing.) Pursuant to 605.0	)207 (3)( I as the
the record specifies cord is filed.	s a delayed effective da	te, but not an ef	fective time, at 1	2:01 a.m. on the	earlier of; (b)	The 90th day after	the
Dated JULY	20	1 20.	Fon?	7			
	Sign	viture of a member	er or authorized reg	nysentative of a m	ember		
		,	IRENE FON	ZI			
		Type	l or printed name				

Filing Fee: \$25.00