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DIVISION OF CORPORATIONS

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T. MATTHEWS
JUN - 7 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor						
	AY & CO. LLC					
Name of Limited Liability Company						
To a column d'Amelalan a C	A are and factor are and factor	mitted for filing				
	Amendment and fee(s) are sub					
Please return all correspo	ndence concerning this matter	to the following.				
	Jackie Stewart					
		Name of Person	····			
	Beachway & Co. LLC					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	4105 SE Commerce Ave					
		Address				
	Stuart/FL 34997					
		City/State and Zip Code				
	jackiestewart@beachwayco					
n culticul		to be used for future annual report noti	fication)			
	oncerning this matter, please c	aii:				
Jackie Stewart		561 568-6085 at ()				
Name o	f Person	Area Code Daytim	e 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		Street Address:	a*ia=			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of T	The Centre of Tallahassee			
Tallahassee FI 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION FILE OF STATE OF OF CORPORATIONS OF STATE OF CORPORATIONS OF CORPORAT

BEACHWAY & CO. LLC

22 APR 21 PH 1: 07

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 23, 2021 ___ and assigned Florida document number L21000136521 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4105 SE Commerce Ave. Enter new principal offices address, if applicable: Stuart, FL 34997 (Principal office address MUST BE A STREET ADDRESS) 4105 SE Commerce Ave. Enter new mailing address, if applicable: Stuart, FL 34997 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

___, Florida ___

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>	Address	Type of Action
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		Port Saint Lucie, FL 34953	■Remove
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an effective date is listed, the date rote: If the date inserted in this	nust be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 days	after filing.) Pursuant to 605.0207 (
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ated April 11th	2022		
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1// un /	Signature of a member or authorize	zed representative of a member	
- /	2.500 or a memory of addition	as representative of a member	

Typed or printed name of signee