

6/21/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUN AT BEACH FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 JUN 21 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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33
6/22/21
1/1

COVER LETTER

H21000243221 3

**TO: Registration Section
Division of Corporations****SUBJECT:** FUN AT BEACH FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO M. SOTO, ESQ.

Name of Person

WEISS SEROTA HELFMAN COLE & BIERMAN P.L.

Firm/Company

2525 PONCE DE LEON BLVD., SUITE 700

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

sentmyrent@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO M. SOTO, ESQ.

Name of Person

305 854-0800
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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, FL 32303**FILED**
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TALLAHASSEE, FLORIDA

H21000243221 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H21000243221 3

FUN AT BEACH FLORIDA LLC

(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 APRIL 8, 2021 and assigned
Florida document number L21000148880.

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."

Enter new principal offices address, if applicable:

6278 N Federal Highway #206

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33308

Enter new mailing address, if applicable:

6278 N Federal Highway #206

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, Florida 33308

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

_____, Florida _____
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

H21000243221 3

H21000243221 3

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>	<u>Type of Action</u>
AMBR	Andrew B Taubman	6278 N Federal Highway #206	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tobi P Taubman	6278 N Federal Highway #206	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000243221 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 21, 2021

Signature of a member or authorized representative of a member

Eduardo M. Soto, Esq.

Typed or printed name of signee