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SUBJEC	THE BEAC	CH SHAKE IP, LLC		
SOBJEC	1	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	Name of Person VILSON & BALL, LLP Firm/Company , SUITE 300 Address 02 City/State and Zip Code OLA.COM ss: (to be used for future annual report notification) se call:	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		PAUL A. WILSON		
		 -	Name of Person	
		LITVAK BEASLEY WIL	SON & BALL, LLP	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
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		E-mail address: (to be used for future annual report noti	fication)
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PAUL A.	WILSON			
	Name o	f Person	Area Code Daytim	e Telephone Number
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Ε	Division of C	orporations	Division of Cor	porations
	P.O. Box 632 Tallahassee, F		The Centre of T	
	ananassee, I	L 32314	2410 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEACH SHAKE, IP, 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 3/30/2021 and assigned Florida document number L21000148887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE BEACH SHACK IP. LLC. 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: (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 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.

City

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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