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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	610 Beam S	treet VLC ited Liability Company	RECENTED
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	2022 JUL 22 AM 8: 40
	ondence concerning this matter		En Tallada Scart
	Do	n Taylor Name of Person	
	610	Beam Street	LLC
	6000 C Sa.	ragrass Village	- Cir.
	Ponte Ved	ra Poch FL City/State and Zip Code	32087
	E-mail address: (	klaras p. Com to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Denise	Stock (admin	at $(904)$ $719-9$ Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of 0 P.O. Box 63	Corporations 27	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Street			
(Name of the Limited	<u>  Liability Company :</u>   Florida Limited Liah	is it now appears on ou dity Company)	r records.) 04/06/	2021	
The Articles of Organization for this Limited Liab Florida document number <u>L-J+000159</u>	oility Company we	re filed on4	15 2001	and assig	ined
This amendment is submitted to amend the follow		000.26			
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
ę · · <u> </u>					
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designati	on "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)			- C N	
	_			2023 HAR	
Enter new mailing address, if applicable:	_		-	fAR 2	المارين المارين
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		ن د چ	, 00 , 00	, see
	_		, ,	72 P	
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our records	enter the nam	Fof the new	registered
Name of New Registered Agent:	Lisa	s Ta	y lov		
New Registered Office Address:	Lecco A	Sawaras Enter Florida stre Va Beach	et address	age C	
	Prote Vec	Ira Beach	Florida	3 208	~

#### 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

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

Title	<u>Name</u>	Address	Type of Action
COOP .	Unionville Inc	_ \	□Add
		BIG PINEKEL, FL	kRemove
AR		33043	□Change
COP P	Clonmell RenovationsInc	1000 C Sanyrass Village	C X Add
		Ponte Vedva Beh	Remove
		FL 32082	□Change
member	Lisa S. Taylor	137 Bristol Place	( <b>X</b> 2,dd
	,	Printe Vedra Beach Fl 320	D□Remove
			□Change
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			□Remove
			□Change
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Note: 1	ve date, if other than the date of filing:
e record rd is file	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 sd.
Dated _	4-77-72
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00