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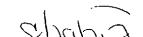
(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BEACH BA	AT. LLC		
SUBJECT. BEACTED	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	ALEX ROBERTSON	Name of Person	
	BEACH BAT, LLC	Firm/Company	
	2897 THAXTON DR. AP	T 64 Address	<u> </u>
	PALM HARBOR, FL 346	84 City/State and Zip Code	
	27robertson@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	dication)
ALEX ROBERTSON		at (727) 318-7026	
	f Person		e Telephone Number
Enclosed is a check for th	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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of T	porations
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH BAT, LLC (Name of the Limited Lia) (A Flo	bility Company as it now appears on or rida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability	y Company were filed on 05/10/20	21 and assigned
Florida document number L21000217945	 '	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
REDINGTON MERMAIDS LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		s, enter the name of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stre	eet address
		979 f. al
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my di l agent as provided for in Chapte ered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
	·		□Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□ Add
			Remove
		.	Change
			□Add
			□ Remove
		 	Change
		· · · · · · · · · · · · · · · · · · ·	
			🖸 Remove
			Change

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	1 08/12/2021
	Signature of a member or authorized representative of a member
	STEWART A ROBERTSON Stewart A. Robertson Typed or printed name of signee

Filing Fee: \$25.00