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TO:

Registration Section

Division of Co	rporations	,	<u>,</u>	
	OUSE 3, LLC	**	•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Shane Nothrop, CPA			
		Name of Person		
	NORTHROP FINANCIA	L GROUP		
	Firm/Company			
	13700 SIX MILE CYPRE	SS PARKWAY SUITE 2		
		Address		
	FORT MYERS, FL 33912			
	shane@northropfinancial.co	City/State and Zip Code		
	= :	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Shane Nothrop, CPA		239 271-2488		
Name	of Person	at () 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH HOUSE 3, LLC		
(Name of the Limited	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
The Articles of Organization for this Limited Lial	bility Company were filed on 08/02/2021	and assigned
Florida document number L21000347978		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The Boat House, LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	0 28
		27
B. If amending the registered agent and/or reg	gistered office address on our records, enter th	ne name of the new registered
agent and/or the new registered office address	here:	
		OF ST
Name of New Registered Agent:		1.1 1.1
		- 1 0
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zm 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 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
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this becument's effective date on the I	ust be specific and cannot block does not meet the	ot be prior to date of the applicable statu	iling or more than 90	_ (optional) lays after filing.) Pursu ents, this date will no	ant to 605.020 of be listed a
ecord specifies a delayed effecti is filed.	ve date, but not an eff	fective time, at 12:	01 a.m. on the earli	er of: (b) The 90th	day after the
October 28	202	!I 	2		
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	Signature of a membe	1001	sentative of a membe		
			CONTRACTOR AT A MARKET AND A	7	

Filing Fee: \$25.00