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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
Phone : (850)769-3434
Fax Number : (850)769-6121

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

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A BEACH SUPREME INVESTMENTS, LLC

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T. LEMIEUX
JUL 19 2022
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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: A BEACH SUPREME INVESTMENTS, 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:

ELIZABETH TRAPP

Name of Person

A BEACH SUPREME INVESTMENTS, LLC

Firm/Company

P.O. BOX 2367

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

elizabethtrapp@gmail.com

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

For further information concerning this matter, please call:

ELIZABETH TRAPP

Name of Person

at (_____) _____

Area Code

Insert phone

#850-499-5672

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)

MailingAddress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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A BEACH SUPREME INVESTMENTS, 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 09/16/2021 and assigned
Florida document number L21000409917.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A BEACH SUPREME, 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:

111 NORTH COUNTY HWY 393, STE 203

Enter Florida street address

SANTA ROSA BEACH

City

Florida 32459

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.

DocuSigned by

JANE E. KERRIGAN

1F0CC7B01C1A154

If Changing Registered Agent, Signature of New Registered Agent

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Transmitting Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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.

Dated 7/19/22 _____

Lauren Elizabeth Trapp

Signature of a member or authorized representative of a member

Typed or printed name of signee