

L21000496348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

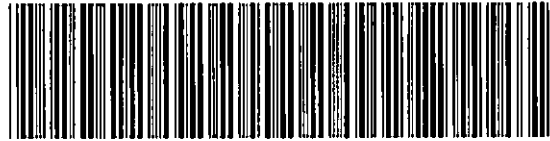
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE BAR OF
FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: __\$ 25.00__

Authorization Signature: *James F. Allen*
SOLE ON THE BEACH, LLC L21000496348
Business Document #

___ Walk in
___ Pick up time ___

___ Mail out ___ Will wait

___ Photocopy

___ Certified Copy of Articles of Organization (please stamp each page)

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ **CORP**

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ **Conversion**
___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of Partnership
___ Reinstatement

___ APOSTIL ___ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLE ON THE BEACH, 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:

MARIA GUTIERREZ

Name of Person

CARLOS J. VILLANUEVA, P.A.

Firm/Company

8950 SW 74TH CT SUITE 2249

Address

MIAMI, FL 33156

City/State and Zip Code

CVILLANUEVA@UNALEY.COM

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

For further information concerning this matter, please call:

MARIA GUTIERREZ

786

363-0146

at ()

Name of Person

Area Code

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)

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SOLE ON THE BEACH, LLC

2022 NOV 16 AM 10: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/18/2021 and assigned
Florida document number 1.21000496348

This amendment is submitted to amend the following:

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

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

Florida

City

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIEL CARATOZZOLO	8950 SW 74TH CT SUITE 2249	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGELINA CARATOZZOLO	8950 SW 74TH CT SUITE 2249	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS J. VILLANUEVA	8950 SW 74TH CT SUITE 2249	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI - TAMPA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated NOVEMBER 16, 2022

Gray

Signature of a member or authorized representative of a member

MARIA G. GUTIERREZ, ESQ.

Typed or printed name of signee