

**Electronic Filing Cover Sheet** 

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(((H210004415713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY BEACH BUYS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA REACH BOAZ FFC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L21000500529	ility Company were filed on 11/22/21 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET).	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address t	istered office address on our records, enter the name of the new register nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cuy Florida Code Code Code Code Code Code Code Code
New Registered Agent's Signature, if changing Reg	distered 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
AMBR	Joseph hauter	1855nw 114th ave	🏿 Add
		coral springs Florida 3307	1 □Remove
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ffective date, if other than the date of f an effective date is listed, the date must be specific tote: If the date inserted in this block does re- accument's effective date on the Department	c and cannot be prior to a not meet the applicable	late of filing or more than	(optional) 90 days after filing.) Pur rements, this date will	Suant to 605.0207 not be listed as
record specifies a delayed effective date, but is filed.	t not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
12/03	2021		VII VHY	FIL 2021 DEC -3
Riluy far Signature	of a member or authoriz	ed representative of a me		<u>P</u>
			CORID	, <del></del> -

Filing Fee: \$25.00