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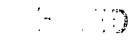
COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Island Beach Contracting 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:
Michael A. Verona Name of Person
Island Beach Contracting LLC Firm/Company
2171 Oleander ST. Address
ST. JAMES CITY FL 33956 City/State and 2tp Code Michael a Loggerhead Barge. com E-mail address: (10 be used for lutture annual report notification)
E-mail address: 160 be used for future annual report notification) For further information concerning this matter, please call:
Michael A. Verona at 724 601-6323 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN -7 AM 9: 27

Island Beach (Name of the Limited Liability Compa	Contrac	ting LLC
(<u>Name of the Limited Liability Compro</u> (A Florida Limited	ny as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L22 000 70.75		2/11/22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	TRUST	LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
<u></u>	Enter Florida	i 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 =	Мападег
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an effe Note: 1	e date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	5/23 2022 Malle Con-
	Signature of a member or authorized representative of a member
	Michael A. VERDWA Typed or printed name of signee