L22000087181

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co					
	IDE MOWER & SERVICE, LI	LC			
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Scott A. Blaue				
Name of Person					
Eisenmenger, Robinson, Blaue & Peters, P.A.					
Firm/Company					
	5450 Village Drive				
		Address			
	Viera, FL 32955				
		City/State and Zip Code		s 2 :	
	beachsidemower@gmail.co			DZZ / TAL	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifies all:	ition)	2022 AUG 29 SECRETAR) TALLAHA	
Scott A. Blaue		321 504-0321		/ *	1
Name o	of Person		elephone Number	PH 1:44 OF STATE SSEE, FL	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH SIDE MOWER & SERVICE, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on February 23, 2022	and assigned
Florida document number L22000087181		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		SEC Z
		A S
Enter new mailing address, if applicable:		11. 29 11. 11. 11. 11. 11. 11. 11.
Mailing address MAY BE A POST OFFICE BOX)		See in
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	Type of Action
AMBR	Desiree K. Goodson	1825 Rockledge Drive	□Add
		Rockledge, FL 32955	■Remove
			□Change
AMBR	Douglas Sanders	3941 Arlington Ave.	= Add
		Mims, FL 32754	□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□Add
			SECRETARY CHARACTER ALLAHAS
			AR Conange
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an effective date i ote: If the date	if other than the list listed, the date me inserted in this ctive date on the	ust be specific ar block does not	nd cannot be prio meet the appli	cable statutory				
record specifies is filed.	a delayed effect	ive date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	erof:(b) The	90th day a	fter the
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