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(Req	uestor's Name)	_
(Add	ress)	·
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DIVISION OF CORPORATIONS
22 APR 15 AM11: 27

T. MATTHEWS MAY 16 2022

COVER LETTER

Division of Corp	oorations		
SUBJECT: BO	Pach Parkway Name of Limi	Properties, Jed Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		h E. CORCORO	
	Beach P	GRKWAY Propertie	& LLC
	<u>4219 S</u>	E IST AVE	
	<u>Cape a</u>	ORAL FL 33 City/State and Zip Code	404
	deb cur E-mail address: (t	CORAN 64 @ Arr	CORCORAN PROPERTIES LLC Pany AVE S FL 33CIOH Cip Code Cip Code Cip Code Te annual report notification) BO, 721.1763 Tode Daytime Telephone Number ing Fee & Copy Certificate of Status &
	ncerning this matter, please ca		
DO DO RO Name of	h E CURCURAN Person	at (<u>A80</u>) <u>Daytim</u>	· 1763 ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

TO:

Registration Section

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

iability Company as it now appears on our recor-lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _ L 22000 NO69 8 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

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.

City

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
Mr.	DanafCorcoran	4219 SE 1st Ave	□Add
		4219 SE 1st Ave Cape Coral, FL 3390	Remove
		-	□Change
			🗆 Add
			□Remove
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			□Add
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			□Remove
			□ Change

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an effective d lote: If the	tte, if other than the date of filing: 3/1/22 (optional) 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. date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	0207 (ed as t
record speci l is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	4/12 2022	
_	V Cercoran	
	/Signature of a member or authorized representative of a member	