L22000132848

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	tegistration Se Division of Coi		•		
SHDIEC	BELLS BE				
SUBJEC	·	Name of Lin	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please reti	arn all correspo	ondence concerning this matter	to the following:		
		Jason Zielinski Esq.			
			Name of Person		-
		Zielinski & Associates PA			
			Firm/Company		- .
		800 East Broward Blvd Se	uite 702		
			Address		- AH ·
		Fort Landerdale, FL 33301	I		1 2 1/1/18 10 8 10 14 14 14 14 14 14 14 14 14 14 14 14 14
		44	City/State and Zip Code		_ '''
		jzielinski@zielinski-associa			•
			to be used for future annual report noti	fication)	
For furthe	r information c	oncerning this matter, please c	all:		
Jason Ziel	inski		954 524-6131 at ()		
	Name o	of Person	Area Code Daytim	e Telephone Numb	ici.
Enclosed i	s a check for th	he following amount:			
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy tal copy is enclosed)
	lailing Addres		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	porations		
	.O. Box 632 allahassee, l		The Centre of T 2415 N. Monro		810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bells Beach LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number L22000132848	Company were filed on 03/15/2	022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	· · · · · · · · · · · · · · · · · · ·		 !
Enter new mailing address, if applicable:		. 1	
(Mailing address MAY BE A POST OFFICE BOX)			
maning mairess may be at 1031 of FICE boxy		137	- =
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, <u>enter the name (</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet 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 aniending 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
MGRM	Charles Hanlon	9410 TANGERINE PLACE #403	□Add
		DAVIE, FL 33324	■Remove
			□Change
MGRM	Michellle Ramberansingh Tull	9410 TANGERINE PLACE #403	■Add
		DAVIE, FL 33324	□Remove
			: []Change
	-		DAdd
			Remove Change
			□Add
			Remove
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			□Remove
			□Change
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			□Change

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ective date, if other than the reffective date is listed, the date mu	date of filing:		(option	al)
reffective date is listed, the date mu te: If the date inserted in this b	st be specific and cannot be prior lock does not meet the applic	to date of filing or more table statutory filing	e than 90 days after fil requirements, this d	ing.) Pursuant to 605,020 ate will not be listed a
rument's effective date on the D	epartment of State's records			
cord specifies a delayed effective stiled.	'e date, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ed	. 2023			
l_				
- 1-F				
- Ifan ke	Signature of a member or auth	orized representative o	í a member	

Filing Fee: \$25.00