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COSTO RELIEF WILL WILLIAM

STALLAHASSEFTE

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJI	ECT: <u>BEACH F</u>	RETREAT RENTALS, L Name of Limi	LC ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspor	ndence concerning this matter t	to the following:			
		Corpora	ate Maintenance Lea	ad		
Name of Person						
	Processing Department					
Firm/Company						
	1450 Vassar St					
			Address			
	Reno, NV 89502					
City/State and Zip Code						
		E-mail address: (t	to be used for future annual report notifi	cation)		
For fu	rther information co	oncerning this matter, please ca	all;			
		ing Department	at (800) 638-2320			
	Name of	r Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
☑ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILED

2022 JUN 27 PM 4: 32

T RENTALS, LLC
T RENTALS, LLC Introduction as it now appears on our records. St. Liability Company) TALLAHASSET, 17
MALLAHASSET, TI
were filed on 05/12/22 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
3768 Bengal Rd
Gulf Breeze
FL 32563
ffice address on our records, <u>enter the name of the new</u> g:
Enter Florida street address
Florida
City Zip Code
te to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability

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 nerson	heina added
or removed from our records:	SHOULD PERSON	being added

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(II WILE	tive date, if other than the date of fill fective date is listed, the date must be specific	and cannot be prior to date a	of filling or more than 90 down	ptional)) 5 020 7 (2)
i tiree.	If the date inserted in this block does no nent's effective date on the Department of	ot meet the applicable sta	tutory filing requirements.	this date will not be lis	sted as the
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the re	cord specifies a delayed effective	e date, but not an e	ffective time at 12:0	1 a m on the earl	ier of:
) The	90th day after the record is file	ed.		a dimi on the ear	iei ui.
		0 -			
Dated	June 1+	<u>2033 </u>			
		/ `	دـــــ		
	Signature of	a member or authorized re	presentative of a member		
		Susan Westbi	rook		

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Filing Fee: \$25.00