L22000313708

(Red	questor's Name)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
SUBJECT:	reeze Beach	Shuttle ILC	•			
· · · · · · · · · · · · · · · · · · ·		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ndence concerning this matter	_				
	Holly	Name of Person				
	Breeze	Beach Shuttle Firm/Company	2 UC			
	<u>(22)</u> 99th	Ave N. unit	1			
	Naples,	FL 34108 City/State and Zip Code				
	breeze b	each Shutle Coutle to be used for future annual report notif	ication)			
For further information co	oncerning this matter, please ca	all:				
Holly Name of	untz Person	at (<u>339</u>) <u>399-</u> Area Code Daytime	4828 Telephone Number			
Enclosed is a check for th	e following amount:		2022 SECR TALL			
☑\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Test 65 Certificate of Status Certified Copy (additional copy re-enclosed)			
Mailing Address		Street Address:	ition			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632		The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Breeze beach S	huttle LC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)		-
The Articles of Organization for this Limited Liability Company Florida document number <u>L220003\3708</u> .	were filed on7 4 208	Q and :	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi $\mathcal{N} / \mathcal{A}$			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation	'L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the n	ew registered
Name of New Registered Agent:	\	ETAA LAHI	12.5
New Registered Office Address:		कुर ज	i sera
	Enter Florida street address . Florida	RY OF STATE	
	City . Provide	m Zip Bd	?

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 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

FILED

<u>Title</u>	<u>Name</u>	Address 2022 AUG 25 PM 12: 09	Type of Action
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If amen	ding any other	information, ent	er change(s)) here: (Atta	ich additional .	sheets, if neco	essary.)		
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(If an effect Note: If	tive date is listed, the date inserted	than the date of f the date must be specifi in this block does a ton the Department	ic and cannot be not meet the a	applicable stat			filing.) Purs		
he record s ord is filed	specifies a delaye 1.	ed effective date, but	t not an effec	tive time, at 1	2:01 a.m. on the	e earlier of: (b) The 90t	h day at	iter the
Dated	Augu	3+ 22) <u>22</u> .					
		Signature	Of a prember o	Curty r authorized rej	oresentative of a r	nember			
		Н		Vint	ノ 7				
			Terred or	printed name	of signee	· 			