

h22000354841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

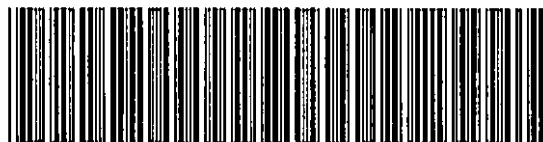
(Business Entity Name)

(Document Number)

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22 SEP 16 AM 9:59
FILING OFFICE
DIVISION OF CORPORATIONS

NICOLE JOHNSON
CELL # (281) 948-4313
RETURN ADDRESS
1050 ROXANNA RD.
FT. WALTON BEACH, FL
32547

22 SEP 16 AM 9:59
RECEIVED
DIVISION OF CORRECTIONS

TO: Registration Section
Division of Corporations

Bare Beach LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Johnson

Name of Person

Bare Beach LLC

Firm/Company

11 Racetrack Rd. NE Ste. F-1

Address

Ft. Walton Beach, FL 32547

City/State and Zip Code

ntsimms@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Johnson

281

948-4313

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP 16 AM 9:59

OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATIONS

**TO
ARTICLES OF ORGANIZATION
OF**

Bare Beach LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 11, 2022 and assigned
Florida document number 1.22000354841.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

No changes made

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)

No changes made

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No changes made

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:

No changes made

New Registered Office Address:

No changes made

Enter Florida street address

No changes made

Florida

No changes made

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicole Johnson	1050 Roxanna Rd.	<input checked="" type="checkbox"/> Add
		Ft. Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dr. Matthew Johnson	1050 Roxanna Rd.	<input type="checkbox"/> Add
		Ft. Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Helen Dunkerson	19B Poquito Rd.	<input type="checkbox"/> Add
		Shalimar, FL 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 SEP 16 AM 9:59
SECTION OF CIVIL COORDINATOR

Forgot to add self as authorized title as well as correcting titles to represent existing members.

Forgot to add self as authorized title as well as correcting titles to represent existing members.

22 SEP 16 AM 9:59

As soon as possible

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 31 2022

Nicole Johnson

Signature of a member or authorized representative of a member

Nicole Johnson

Typed or printed name of signee