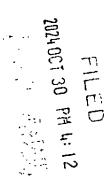
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Co				
Hippie and	l Da Beach LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Thomas M. Tarsia, Esq.			
		Name of Person		
	Jones, Haber & Rollings			
		Firm/Company	 	
	1633 SE 47th Terrace			
		Address		
	Cape Coral, FL 33904			
		City/State and Zip Code		
	tarsia@joneshaberlaw.com	to be used for future annual report no	otification)	
For further information of	concerning this matter, please c			
Sharon Cirillo		239 542-0700 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address: Registration S	ection	
Registration Division of C		Division of Co	Registration Section Division of Corporations	
P.O. Roy 6327		The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 30 PM 4: 12

HIPPIE AND DA 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 L	Liability Company were filed or	December 22, 2022	and assigned
Florida document number L22000534258	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y 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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	 		
B. If amending the registered agent and/or	registered office address on a	ur records, enter the na	me of the new registered
agent and/or the new registered office addre		ur records, <u>enter the na</u>	the or the new registeres
Name of New Registered Agent:	Thomas M. Tarsia, Esq.		
New Registered Office Address:	1633 SE 47th Terrace		
ive registered cities realiss.	Enter	r Florida street address	
	Cape Coral	, Florida _	33904
	City	, 1101144	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 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>	<u>Address</u>	Type of Action
AMBR	Stephanie Rochelle	5142 York Court	□Add
		Cape Coral, Florida 33904	=Remove
			□Change
AMBR Charles B. Ellis	5320 SW 25th Place	= Add	
		Cape Coral, Florida 33914	□Remove
			☐ Change
		_	□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
		□Remove	
		□ Change	
			□ Add
		□Remove	
			□ Change

	<u> </u>
_	
E ffective	date, if other than the date of filing:
(If an effecti Note: If	date, if other than the date of filing:
the record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	10/14/24
Dated	
Dated	t ,
Dated	Signature of a member or authorized representative of a member Whitney Stransky Typed or printed name of signer

Filing Fee: \$25.00

COVER LETTER

	of Corporations		
Hip construct.	ppie and Da Beach LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Thomas M. Tarsia, Esq.		
		Name of Person	
	Jones, Haber & Rollings		
		Firm/Company	
	1633 SE 47th Terrace		
		Address	
	Cape Coral, FL 33904		
		City/State and Zip Code	
	tarsia@joneshaberlaw.com E-mail address:	(to be used for future annual report notifical	ution)
For further inform	nation concerning this matter, please o	call:	
Sharon Cirillo		239 542-0700	
	Name of Person	at (at Code Daytime T	elephone Number
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filing	g 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)
Regist	<u>: Address:</u> ration Section on of Corporations	<u>Street Address:</u> Registration Secti Division of Corpo	orations
POB	lox 6327	The Centre of Tal	lahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HIPPIE AND DA 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 Lia	ability Company w	vere filed on December 2	2, 2022 and assigned
Florida document number 1.22000534258	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	ty company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I) B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office ac		enter the name of the new registered
New Registered Office Address:	1633 SE 47th Te	rrace	
New Negistered Office : Nations.	 	Enter Florida street	address
	Cape Coral		, Florida <u>33904</u>
		City	Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered		e to act in this capacity). I further agree to comply with the
provisions of all statutes relative to the proposition as registered accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has	er and complete p stered agent as pr registered office o	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

-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 person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Stephanie Rochelle	5142 York Court	□Add
		Cape Coral, Florida 33904	■Remove
			□ Change
AMBR C	Charles B. Ellis	5320 SW 25th Place	■Add
		Cape Coral, Florida 33914	□Remove
			□Change
			□Add
			□Remove
			Change
	<u></u>		□Add
			Remove
			Change
			□ Add
			Remove
			Change
			□Remove
			□ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effer Note: I	te date, if other than the date of filing:
the record cord is file	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 d.
Dated _	10/14/24
	Signature of a member or authorized representative of a member
	Whitney Stransky Typed or printed name of signee

Filing Fee: \$25.00