## L23000027985

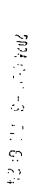
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JAN 14
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
BEACHSI SUBJECT:	DE SEWER & DRAIN, LLC		
30B3EC1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Irene Fonzi, Esquire		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del>-</del>
	Beachside Law Office		
		Firm/Company	
	1402 Highway A1A, Suite	A	
		Address	<del></del>
	Satellite Beach, FL 32937		
,		City/State and Zip Code	
	ifonzi@fonzilaw.com E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please ca	-	,
Irene Fonzi, Esquire		321 777-1191 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration S Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACHSIDE SEWER & DRAIN, LLC		•	~3
(Name of the Limited L. (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	1	024 E.
The Articles of Organization for this Limited Liabil Florida document number L23000027985	ity Company were filed on January 13, 2023	and as : :	ssigned ယ
This amendment is submitted to amend the following	ng:	:	<u>ක</u> :
A. If amending name, enter the new name of the	limited liability company here:		4-7 (-)
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "l	L.L.C."
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A.	DDRESS)	<del> </del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or regis agent and/or the new registered office address he  Name of New Registered Agent:	tered office address on our records, enter the na	ame of the no	ew register
New Registered Office Address:	Enter Florida street address		
<del></del>	, Florida,	Zip Code	,
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registery company has been notified in writing of this chai	nd complete performance of my duties, and I an ed agent as provided for in Chapter 605, F.S. C stered office address, I hereby confirm that the	n familiar w Fr, if this doc	ith and cument 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	Mark Cancelli	490 Dolphin Circle, Barefoot Bay, FL 32976	□Add
			≡Remove
		····	□Change
	·		□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
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fective date, if other than the d in effective date is listed, the date must b	late of filing: Novemb	er 22, 2024 ———————	(optional)	
ote: If the date inserted in this bloc	ck does not meet the app	licable statutory filing :	e than 90 days after filing.) I requirements, this date w	Pursuant to 605.03 All not be listed
cument's effective date on the Dep	partment of State's recor	ds.		
			., , , , , , , , , , , , , , , , , , ,	mal I o
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
November 22	2024			
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	ignature is member or at	nthorized representative of	f a member	· · · · · ·

Filing Fee: \$25.00