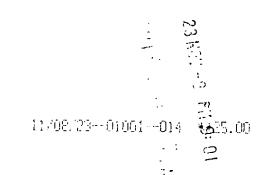
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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DIVISION OF CORPORATION TALLAHAS SEE, FLORIDA

RECEIVED 21/23 NOV -8 AM 8: 37

COVER LETTER

TO: Registration Section Division of Corporations THE BEACH GNV LLC SUBJECT: Name of Limited Liability Company									
							Amendment and fee(s) are sub	-	
						Please return all correspo	ondence concerning this matter	to the following:	
	KENNETH CHESTER								
		Name of Person	_						
	THE BEACH GNV LLC								
Firm/Company									
	223 S. MAIN ST								
		Address	_						
	GAINESVILLE, FL 3260	1							
		City/State and Zip Code	_						
	jd420cafe@gmail.com E-mail address: (to be used for future annual report notification)	-						
For further information of	concerning this matter, please c	all:							
JOSHUA CHESTER		941 374-7800							
Name of Person		at ()	xer						
Enclosed is a check for t	he following amount:								
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)						
Mailing Address Registration Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 FT -9 FA 9:01 THE BEACH GNV LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L23000071059 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida

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.

Citv

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>	Address	Type of Action
MGR	JOSHUA CHESTER	223 S. MAIN ST	
		GAINESVILLE, FL 32601	□Remove
			□Add
			□Remove
			\ _Add
			Remove
			☐ Change
			□ Add
			Петоче
			Change
			□ Add
			Remove
			
			□Add
			□Remove
			Change

·	
E. Effective date, if other than the date of filing:	(optioual)
	(optional) w to due of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) licable statutory filing requirements, this date will not be listed as the ds.
If the record specifies a delayed effective date, but not an effective record is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1 23	sthorized representative of a member
KENNETH CHESTER	
Typed or pe	inted name of signee