## L23000078070

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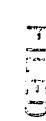




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2023 HAR 24 AM 10: 0



TO: Florida Dept. of State Division of Corporations

FROM: Joshua Rosenbaum

RE: Addition of Authorized Person to Hammock Beach Construction, LLC

Please find the forms to amend the Articles of Organization of my LLC Company, Hammock Beach Construction, LLC. In order to add an authorized person to the company.

My return address is:

65 Ocean Crest Way Unit 832 Palm Coast, FL 32137

My daytime phone number is:

386-569-1781

Regards,

/ Joshua Rosenbaum 2023 HAR 24 AM 10: 05

## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Se Division of Cor				
Ch = 4 m	Beach Construction, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Joshua Rosenbaum			
		Name of Person		
	Hammock Beach Construc	tion, LLC		
		Firm/Company		
	65 Ocean Crest Way, Unit	832		
		Address		
	Palm Coast, F1. 32137			2023
	joshthebuilder@bellsouth.n	City/State and Zip Code		2023 MAR 24 AK 10: 05
	E-mail address: (	to be used for future annual report notific	ation)	+
For further information e	oncerning this matter, please c	all:	men Post	AH =
Joshua Rosenbaum		386 569-1781	EE, FL	): O:
Name o	d Person		Celephone Number	Oi
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Secti Division of Corpo		
P.O. Box 632		The Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limited liability company here:		
Florida document number L23000078070  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	<del></del> _	
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 above.	and assign	ed
rida document number  L23000078070  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:	023	
(Principal office address MUST BE A STREET ADDRESS)	= =====================================	
		;
Enter new mailing address, if applicable:	07:5: 07:5:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<del></del> -
B. If amending the registered agent and/or registered office address on our records, <u>enter the name</u> agent and/or the new registered office address here:	e of the new r	egistered
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida street address		<del></del>
, Florida 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

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	Samantha Rosenbaum	65 Ocean Crest Way, Unit 832	
		Palm Coast, FL 32137	Remove
			□Change
			□Add
			Remove
			□Change
			OREMOVE CARRIED
			□Change
			□Remove
			□Change
			□Remove
			ClChange

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	the date of filing:	(optional) s after filing.) Pursuant to 605.0207
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement he Department of State's records.	
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Filing Fee: \$25.00