

L23000089076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

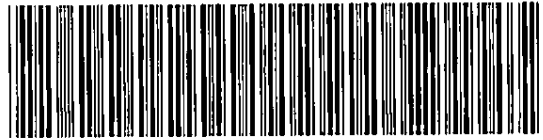
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAR 30 AM 10:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beachie Life, LLC

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:

Francine Schill

Name of Person

Beachie Life, LLC

Firm/Company

1775 US Highway 1 South #1037

Address

Saint Augustine, Florida 32086

City/State and Zip Code

sabeachlife@gmail.com

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

For further information concerning this matter, please call:

Francine Schill

904

460-5356

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

STATE
OFFICE
TALLAHASSEE, FL

2023 MAR 30 AM 10:59

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beachie Life, 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 02/20/2023 and assigned
Florida document number L23000089076.

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 "L.L.C."

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:

Francine Schill

New Registered Office Address:

1775 US Highway 1 South #1037

Enter Florida street address

Saint Augustine

Florida 32086

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.

Francine Schill

dotloop verified
03/27/23 7:18 PM EDT
SUR4 SC20-FJOI-PVGZ

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>	<u>Type of Action</u>
MBR	Schill, Francine	1775 US Highway 1 South #1037	<input type="checkbox"/> Add
		Saint Augustine, Florida 32086	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Schill, Kenneth	1775 US Highway 1 South #1037	<input type="checkbox"/> Add
		Saint Augustine, Florida 32086	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023 MAR 30 AM 10:59
CLERK OF DISTRICT COURT
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 March 27, 2023

Francine Schill

do3loop verified
03/27/23 7:18 PM EDT
WM28-LQTH-06K2-OCST

Signature of a member or authorized representative of a member

Francine Schill

Typed or printed name of signee

Filing Fee: \$25.00