

L23000118892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

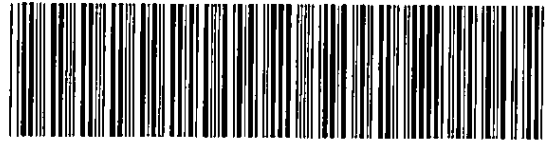
(Business Entity Name)

(Document Number)

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2023 APR -4 PM 12:36
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FILE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Beaches Backyards 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:

Jeramie Poore

Name of Person

Beaches Backyards LLC

Firm/Company

500 Penman Rd

Address

Neptune Beach, FL 32266

City/State and Zip Code

Beachesbackyards@gmail.com

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

For further information concerning this matter, please call:

Jeramie Poore

Name of Person

at (904)

Area Code

576-8500

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 32304-6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
1000 N. G St., Tallahassee, FL 32304

2023 APR -4 PM 12:36
STATE
DIVISION OF CORPORATIONS

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Beaches Backyards 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 03/07/2023 and assigned
Florida document number L23000118892.

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:

New Registered Office Address:

Enter Florida street address

_____, 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---|---|
| AMBR | John Crawford | 2001 Cherokee Dr Neptune Beach, FL 32266 | <input checked="" type="checkbox"/> Add |
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2023 APR 14 PM 12:36
CLERK OF DISTRICT COURT
FLORIDA
13th JUDICIAL CIRCUIT
IN AND FOR
DADE COUNTY

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(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)

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.

2023

Signature of a member or authorized representative of a member

Jeramie L. Poore
Typed or printed name of signer

Typed or printed name of signee

2023 APR -4 PM 12:36
TOL
CONFIDENTIAL

1

Filing Fee: \$25.00