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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Meghans Beachside Cleaning 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:
Meghan Tate Name of Person
Meghans Beachside Cleaning LLC Firm/Company
1442 John Anderson Drive.
Ormand Beach FL 32176 City/State and Zip Code
Meghan. Tate 50@ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meghan Tate Name of Person at (571) 991 - 0307 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Linbility Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited L Florida document number $\perp 2300012$		were filed on 313 2023 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liab	oility company here:
One Sun Enters The new name must be distinguishable and contain the w	Drises ords "Limited Liab	LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		NA
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		NIA
(Mailing address MAY BE A POST OFFICE	BOX)	
	-	
B. If amending the registered agent and/or ragent and/or the new registered office addre	•	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	NA	
		Enter Florida street address
		, Florida
New Registered Agent's Signature, if changing I	Registered Agent:	
provisions of all statutes relative to the propaction as regi	er and complete stered agent as registered office change.	ree to act in this capacity. I further agree to comply with the a performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than (the date of filing:		(option	ıal)		
effective date is listed, the date in this effective date inserted in this	must be specific and cannot	t be prior to date of filing o	r more than 90 days after fi	ling.) Pursuan	t to 605.0 be listed	20 1 a
ument's effective date on the	Department of State's	records.	mig requirements, mis e	Turk vviii iiov		
cord specifies a delayed effect filed.	ctive date, but not an eff	ective time, at 12:01 a.r	n, on the earlier of: (b)	The 90th da		ın
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Filing Fee: \$25.00