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(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
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05/09/23--01013--010 ++25,00

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Beach	-4 W Sond Name of Lim	41c	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Carlos Pa	Name of Person	
	Beach N	Sand LLC Firm/Company	
	<u>680 w 85</u>	Street Address	
		Address	
	HiAleuh, 7	FL. 330/4 City/State and Zin Code	
		Chyrotate and Dip cour	.)
	<u>Carlas Palan</u> E-mail address: (to be used for future annual report notifi	ication)
For further information concerning this matter, please call:		ication)	
		_	
Carles Pa	Person	at (<u>305</u>) <u>992</u> Area Code Daytime	Telephone Number
Traine O.	1 0.50.11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enclosed is a check for th	c following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Centricate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address	s:	<u>Street Address:</u>	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
·		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on April 17.2623 and assigned		
Florida document number 2 23000 189503.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	斯 <u>1</u> 		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered		
New Negistered Street Address.	Enter Florida street address		
, <u>.</u>	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u> </u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is		

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 Title Name Address Type of Action				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
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			□Add	
			Remove	
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			□Remove	
			Cichana	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address. CP 575 G 999999999 Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-19-2023 EMPLOYER IDENTIFICATION NUMBER: 92-3586000 FORM: SS-4 NOBOD BEACH N SAND LLC INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 CARLOS PALOMINO SR SOLE MBR 680 W 80TH ST HIALEAH, FL 33014 (optional) E. Effective date, if other than the date of filing: _ (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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Carlos Palamino 52.
Typed or printed name of signee