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07/15/24--01023--002 ++25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THE BEACH ROYS 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:
VINEECHA VANKAYALAPATI Name of Person
THE BEACH BOXC LLC.
1203 SW 31ST TERRACE
CAPE CORAL, FLORIDA 33914  City/State and Zip Code  HELLOV'INEE · NOV 30 @ GMAIL · COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VINEESHA VANKAYALAPATI at (732) 289 - 7330  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEACH BO	YS_LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	recorus.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L<b>2</b>3000220998</u>	were filed on05/0	04/2023	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
		al 1722 all all all and	At	
The new name must be distinguishable and contain the words "Limited Liabi	my Company, the designation	on "LLC" of the apprevi	mon L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u></u>	<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
		<del></del>	2	
B. If amending the registered agent and/or registered office :	address on our records.	enter the name of	the new regist	
agent and/or the new registered office address here:				
Name of New Registered Agent:	<del></del>		_	
New Registered Office Address:				
New Negistered Office Address.	Enter Florida street address			
		Florida		
	Cuy		ip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>			
I hereby accept the appointment as registered agent and agr	ree to act in this capaci	tv. I further agree t	o comply with	
man and managed to the selection of the		. 17	4 -	

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
AMBR	CHIMMRI, CHINNI	85-75 188TH STREET	□ Add
		HOLLIS, NY 11423	Kemove
			□Change
AMBR	CHIMMIRI, PRASAD	85-75 188TH STREET	Add
		HOLITS, NY 11423	□Remove
			□Change
			□Add
			□Remove
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an effecti lote:   If	e date, if other than the date of filing:	207 i as (
record s I is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to.	he
ated	07/09/2024  Vilvedul	
	Signature of a member or authorized representative of a member	
	V. Vincesha Typed or printed name of signee	