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## **COVER LETTER**

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SID BCT.		S BEACH HEAVEN LLC	
SUBJECT:		Name of Lin	nited Liability Company
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return	n all correspo	ondence concerning this matter	to the following:
		HAYDEN GRIER	
			Name of Person
		BERLIN PATTEN EBLIS	NG, PLLC
			Firm/Company
		525 IST AVENUE NORT	ГН
		-	Address
		ST. PETERSBURG, FLO	RIDA 33701
			City/State and Zip Code
		HGRIER@BERLINPATTI	
		E-mail address: (	to be used for future annual report notification)
For further i	nformation c	oncerning this matter, please c	aH:
HAYDEN (	GRIER		727 822-2505 ext. 513
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is:	a check for th	ne following amount:	
S25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		Street Address: Registration Section
	-	orporations	Division of Corporations
P.C	D. Box 632	7	The Centre of Tallahassee
Tal	llahassee, F	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET IS BEACH HEAVEN LLC

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(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.) All Apparent
The Articles of Organization for this Limited Liab		•
This amendment is submitted to amend the follow		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here	:
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	4DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or regingent and/or the new registered office address because the new registered of the new regist		ords, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida

## 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>	Type of Action
AMBR	DONNA CEHLARIK	416 SUNSET DRIVE	□Add
		VENICE, FLORIDA 34285	
			□ Change
AMBR	MOLLY MOULLY MOO, LLC	1309 COFFEEN AVENUE, SUITE 1200	<b>=</b> Add
		SHERIDAN, WYOMING \$2801	□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
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		<del></del>	□Change
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f an effective date is lis Note: If the date ins		ecific and cannot be prices not meet the appli	or to date of filing or n cable statutory filir		ial) ling.) Pursuant to 605.0207 ( late will not be listed as t
e record specifies a cord is filed.	delayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	12	2023			
Jaica					
Jaieu	Dn	MA Call	zif-		