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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

Name of Limited Liability Company  If fee(s) are submitted for filing, ing this matter to the following:  Tero  Name of Person  Firm/Company
If fee(s) are submitted for filing, ing this matter to the following: Tero  Name of Person
ing this matter to the following:  Tero  Name of Person
ing this matter to the following:  Tero  Name of Person
Name of Person
Firm/Company
rpoint Drive
Address
tine, FL 32086
City/State and Zip Code
gmail.com -mail address: (to be used for future annual report notification)
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ing Fee &   S55.00 Filing Fee &   Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Street Address:  Registration Section  Division of Corporations
1

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beacon Vacations, LLC	-	
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	ny were filed on 1/22/2024	and assigned
orida document number 24000041857		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
Ifiero Properties, LLC		
ne new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE <u>BOX</u> )		·
Haning duaress SIAT BE A FOST OFFICE BOAT	<del></del>	
If amending the registered agent and/or registered officeent and/or the new registered office address here:	e address on our records, enter the nat	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<b>2</b>
	Enter Pioriaa Sirect address	- 第5
<del></del>	Florida _	
	City	Code Code
ew Registered Agent's Signature, if changing Registered Age	nt:	<del></del>

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 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	Danielle N Alfiero	161 Summerpoint Drive, Saint Augustine FL 32086	□Add
			≣Remove
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ective date, if other than	the date of filing:		(optiona	l)
effective date is listed, the date tee. If the date inserted in this	must be specific and cannot be	prior to date of filing or	more than 90 days after filir	ig.) Pursuant to 605.02
nument's effective date on the				
cord specifies a delayed effe s filed.	tive date, but not an effecti	ve time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after th
red July 1	2024			
-1 21	Morra	<del>-</del>		
/ UV	Signature of a member or			