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2024 AUG -6 PM 4: 52 SECTION OF STATE

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registratio Division of | n Section Corporations | | | | | |
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| SUBJECT: | Name of Lin | nited Liability Company | | | | |
| The enclosed Article | es of Amendment and fee(s) are sub- | omitted for filing. | | | | |
| Please return all corr | respondence concerning this matter | to the following: | | | | |
| | Jonathan Lazzarino | | | | | |
| | | Name of Person | | | | |
| | Beach Toy Rental, LLC | | | | | |
| | | Firm/Company | | | | |
| | 346 Casablanca Dr. | | | | | |
| | | Address | | | | |
| | Orange Beach, AL 36561 | | | | | |
| | | City/State and Zip Code | | | | |
| | jonathan@theshorttermshop | | , | | | |
| For further informati | on concerning this matter, please c | to be used for future annual report noti | neation) | | | |
| | on concerning this matter, pease c | | | | | |
| Jonathan Lazzarino | | 832 914-5012 at () | | | | |
| Na | me of Person | at () Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check (| for the following amount: | | | | | |
| ■ \$25.00 Filing Fe | ee S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| <u>Mailing Ad</u> Registrati | dress: on Section | Street Address: Registration Sec | ction : S | | | |
| | of Corporations | Division of Corporations | | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Beach Toy Rental, LLC | | |
|---|---|------------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our re Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000093883}{1.24000093883}$ | were filed on July 24, 2024 | 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: | |
| The new name must be distinguishable and contain the words "Limited Liabi | 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: (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: | address on our records, <u>e</u> | nter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | . Florida |
| | City | Zip Code |

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 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 | | |
|--------------|--------------------|------------------------|----------------|--|--|
| MGR | Jonathan Lazzarino | 4346 Casablanca Dr. | □ Add | | |
| | | Orange Beach, AL 36561 | ■Remove | | |
| | | | □Change | | |
| AMBR | Jonathan Lazzarino | 4346 Casablanca Dr. | | | |
| | | Orange Beach, AL 36561 | ■Remove | | |
| | | | | | |
| | | | □ Add | | |
| | | | □Remove | | |
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| D. If amending any | y other miorn | iation, enter en | ange(s) nere: | (миасн аааш | onai suceis. y | necessary.) | | |
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| no nome at a second | :r - 4E 4E 4 | L. J.A. (CER) | N/A | | | (4:1) | | |
| E. Effective date, if (If an effective date) Note: If the date document's effective date. | is listed, the date n e inserted in this | ne date of fifting nust be specific and block does not m Department of St | cannot be prior to eet the applicab | date of filing or the statutory filing | nore than 90 day | (optional) s after filing.) P is, this date wi | ursuant to 605. Il not be liste | 0207 (3)(t d as the |
| If the record specifies record is filed. | s a delayed effec | tive date, but not a | an effective tim | e. at 12:01 a.m. | on the earlier | of: (b) The S | Oth day after | the |
| Dated July 24 | | | 2024 | | | | | |
| Dateu | 1 | , | | | | | | |
| | 4 | Signature of a n | nember or authori | zed representativ | e of a member | - | - <u>- 13</u>- 8 | } |
| f = 1 | han Lazzarino | | | £ · •••••• | | | 17.71 14.17 | EM |
| Jonati ——— | nan Lazzafino | | | | | | ت | · . |

Filing Fee: \$25.00