

L24/000130 781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

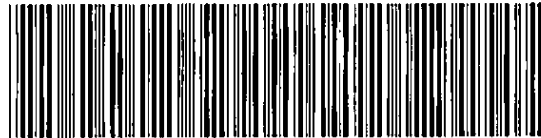
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J. DENNIS

10/25/24

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. 2. 3. 4. 5.

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BEACH HOUSE PH2, 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:

JAMES BATES

Name of Person

Firm/Company

652 BOUGAINVILLEA RD

Address

NAPLES, FL 34102

City/State and Zip Code

james@jwbates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES BATES

239 961-3973  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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)

**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**

BEACH HOUSE PH2, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 20TH 2024 and assigned Florida document number 1.24000130781.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

652 BOUGAINVILLEA RD

NAPLES FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

652 BOUGAINVILLEA RD

NAPLES FL 34102

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JAMES BATES

New Registered Office Address:

652 BOUGAINVILLEA RD

*Enter Florida street address*

NAPLES

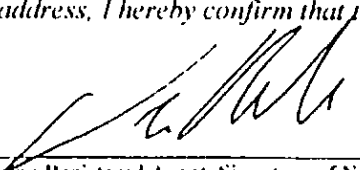
*City*

Florida 34102

*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 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>	<u>Type of Action</u>
MGR	MICHAEL ELORANTO	9400 FOUNTAIN MEDICAL CT	<input type="checkbox"/> Add
		STE B-100	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change
MGR	NACE COHEN, CPA	9400 FOUNTAIN MEDICAL CT	<input type="checkbox"/> Add
		STE B-100	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change
AMBR	FLEATCO HOLDINGS LLC	9400 FOUNTAIN MEDICAL CT	<input type="checkbox"/> Add
		STE B-100	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

10/25/2024

JAMES BATES

Typed or printed name of signee

**Filing Fee: \$25.00**