# L24000154459

| (Re                     | equestor's Name)  |  |
|-------------------------|-------------------|--|
| (Ac                     | ddress)           |  |
| (Ac                     | ldress)           | <del> · · · · · · · · · · · · · · · · </del> |
| (Ci                     | ty/State/Zip/Phon | e #)   |
| PICK-UP                 | ☐ WAIT            | MAIL   |
| (Bu                     | usiness Entity Na | me)  |
| (Do                     | ocument Number)   |  |
| Certified Copies        | _ Certificate     | s of Status                                  |
| Special Instructions to | Filing Officer:   |  |
|                         |                   |  |
|                         |                   |  |
|                         |                   |  |
|                         |                   |  |

Office Use Only



200430114592

05/22/24--01009--022 \*\*25.00



### **COVER LETTER**

| Division of Cor              | porations                                    |  |   |
|------------------------------|--|--|---|
| SUBJECT: BU                  | achside Mo                                   | Mul Services  ited Liability Company   | , UC  |
|                              | Name of thin                                 | ucu Elability Company  |   |
| The enclosed Articles of A   | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspond | ndence concerning this matter                | to the following:  |   |
|                              | Nathar                                       | GOEHIEV<br>Name of Person  | <del></del>   |
|                              | Beachside                                    | Marine Seri  | 100   |
|                              | 345 For                                      | MOSA Dr.   | <del></del>   |
|                              | Cocou Bea                                    | ch, Fl. 320  | 131   |
|                              | Nate anette                                  | City/State and Zip Code  Output  Color of the control of the contr | <u> </u>  |
| For further information co   | oncerning this matter, please co             | all:   |   |
| Nate God<br>Name of          | Person                                       | at ( <u>321</u> ) <u>432</u><br>Area Code Daytim   | - 0782<br>e Telephone Number  |
| Enclosed is a check for th   | e following amount:                          |  |   |
| ☑ \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                              |  |  |   |

## Mailing Address:

TO:

**Registration Section** 

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 Side Ma<br>(Name of the Limited Liability)   | Company as it now appears on our records.) Limited Liability Company)           |
|--|---|
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 04 01 2024 and assigned                                    |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limit   | ed liability company here:  |
| The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."  ESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:   | office address on our records, enter the name of the new registered             |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | Florida   |
|  | City Zin 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>    | Address                | Type of Action |
|--------------|----------------|------------------------|----------------|
| MGR          | Nathan Goether | 345 Formosa Dr.        | _ 🗹 Add        |
|              |                | Cocoa Beach, P1. 32931 | □Remove        |
|              |                |                        | □Change        |
|              |                |                        | □Add           |
|              |                |                        | □Remove        |
|              |                |                        | □Change        |
|              | <del></del>    |                        | □Add           |
|              |                |                        | □Remove        |
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|                              | <del></del>   |
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|                              |   |
| (If an effecti<br>Note: If t | date, if other than the date of filing:   |
| the record sport is filed.   | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                        | May 13 2024   |
|                              | Signature of a member or authorized representative of a member  |
|                              | Nathan Goettler   |