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	on Section f Corporations		
Beach SUBJECT:	wise Referral Group LLC.		
30B3EC1;	Name of Li	mited Liability Company	
The enclosed Arrial	es of Amendment and fee(s) are su	ikmitted for filling	
•	respondence concerning this matter	Ţ.	
÷ ,		.0	
	Kristin Vincelli		
•		Name of Person	
	Beachwise Referral Group	p LLC	
		Firm/Company	
*;	600 Clevealnd Street, Sui	te 219	
		Address	<u></u>
	Clearwater, FL 33755		
	*******	City/State and Zip Code	
.;·**	kristin@beachwiserealestar	e.com to be used for future annual report notif	5
Conformalistance		·	icanon's
1.3	on concerning this matter, please o		
Kristin Vincelli		727 686-1596 at ()	
Nai	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check fi	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

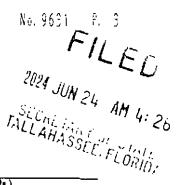
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Jun. 24.12024 | 1:027M - Arsenault Law Offices

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beachwise Referral Group 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 May 10, 2024 and assigned Florida document number L24000219698 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enser 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>	Address	Type of Action
MGR	Stephen Vincelli	600 Cleveland Street	
		Suite 219	≅Rcmove
1		Clearwater, FL 33755	□ Change
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ffective date, if other to an effective date is listed, the lote: If the date inserted ocument's effective date	e date must be specific in this block does no	and cannot be prio of meet the appli	r to date of filing or cable statutory fi	more than 90 days aft	tional) er filing.) Pursuant to tis date will not be	o 605.0207 (3 listed as th
record specifies a delayed is filed.	f effective date, but i	not an effective t	ime, at 12:01 a.p	a. on the earlier of: (b) The 90th day	after the
ated	June 19	, 2024				
			Kristin Viv	iceilí		
	Ci-shar of	m	orized representati	_		_

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