



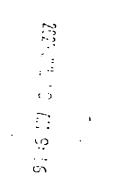
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COVER LETTER

Registration Section

TO:

Division of Corporations			
	ca Grano Beach Clu	a 7 E LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Sam Wil	liams	
		Name of Person	
	Boxa Gra	no Brach Club ZE L	LC
	 	Firm/Company	
	134 Jx	's Hill RD	
		Address	
	Danbur	g, CT 06811 City/State and Zip Code	
		371@ YAhoo.com	
	E-mail address: (to be used for future annual report no	diffication)
For further information co	oncerning this matter, please c	all:	
Sam Willia	ams	at (203) 722-5	5269
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	_		
X \$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		Street Address:	
Registration S		Registration S	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, F		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLA GRAND BEACH CLUB ZE L	.LC
(<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Clorida document number <u>L2400257434</u> .	6/5/24 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	here:
BOXA GRANDE BEACH CLUB ZE LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	21.
	: 1
inter new mailing address, if applicable:	-
-	
Mailing address MAY BE A POST OFFICE BOX)	(0
	
3. If amending the registered agent and/or registered office address on ou	•
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida street address
	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.

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fective	e date, if other than the date of filing: (optional) tive 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 605.02
n effect ote: If	tive 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 605.02 (a the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	it's effective date on the Department of State's records.
	10 1 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ecora : is filec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	-1 1-4
ited	7/1/24
	Dand R Mh
	Signature of a member or authorized representative of a member
	Samuel B. Williams
	Typed or printed name of signee

Filing Fee: \$25.00