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COVER LETTER

Division of Corpora	itions		
SUBJECT: WILLI	AM DOUGLA Name of Limi	S BEACH HOU ited Liability Company	SE L.L.C.
The enclosed Articles of Ame	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponden	nce concerning this matter (to the following:	
-	JENNI	FER CLARY Name of Person	
		Firm/Company	
-	416 Village	VIEW LAWE	
-	LONGWOOD	, FL. 32779 City/State and Zip Code	
-	FL FAMILY E-mail address: (t	1 LLC @ gmail	1. Com
For further information conce	rning this matter, please ca	dl:	
Jennifer Name of Pers	Clary	at (<u>407</u>) <u>929</u> Area Code Daytin	– D366 ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 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:	ation

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

WILLIAM DOUGL	AS BEACH HOUSE C.C.
(A F)	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	
This amendment is submitted to amend the following	हे:
A. If amending name, enter the new name of the	limited liability company here:
N/A	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
<u>(Principal office address MUST BE A STREET Al</u>	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new registered re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Horida 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
4 <u>MBR</u>	DANIEL GRUNDORF	416 Village View Lane	Kada
		46 Village View Lane Longwood, Fl 32779	□Remove
			□ Change
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
<u>-</u>			
			🗆 Remove
		1	Change
			□ Add
			Remove
			Change
			🗆 Add
			□ Remove
			Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please add Daniel Grundorf as 50% AMBR
←
KEED JENNIFER CHRY as 50% AMBR THANK YOU!
THANK YOU!
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated June 33. 2024. Signature of a member of authorized representative of a member
Jennifer Clary Typed or printed name of signee

Filing Fee: \$25.00