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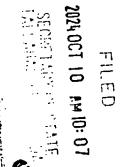
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corp	orations	\wedge	
SUBJECT: Bea	A Babies Name of Limit	ed Liability Company	LL
		•	
The enclosed Articles of A	mendment and fec(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Kiernan Beach Bo	Name of Person Noics PC+ Sitt	ing LLC
	P.O. Box ?	7772 Address	<i>y</i>
	Panama (1) Kdd; CPLV E-mail address: (10)	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	· COM
For further information cor	ncerning this matter, please cal	11:	
Kiernan Name of	DIS-ELLIER Person	at (450) (19 – 1 Area Code Daytime Te	445 lephone 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)

TO:

Registration Section

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 Babies Pe	+ Si Hing LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company) (()
The Articles of Organization for this Limited Liability Company Florida document number 24 004 864	were filed on Seft. 26,20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4+26 Say Point Kd Unit 4.13
(Principal office address MUST BE A STREET ADDRESS)	Florida, 39400
Enter new mailing address, if applicable:	P.O. Box 27172
(Mailing address MAY BE A POST OFFICE BOX)	Panama City, Florida
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code TI
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am fariiliar with and provided for in Chapter 605. F.S. Of, if this document is

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
			DAdd
			□Remove
			□Change
			□Add
			□Remove
	·	<u> </u>	□Change
			□Add
			□Remove
			□Change
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			□Remove
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	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			C Chunga

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo Note:	ve date, if other than the date of filing:
If the record	I 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 ed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member of a unionized representative of a member C C C C Typed or printed name of signee