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L24000440794

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10/21/24--01012--029 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Bode At	The Beach LLC		
SOBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Garrett Bode		
			Name of Person	
			Finn/Company	
		21101 PCB PKWY, Apt. 3	304	
			Address	
		Panama City Beach, FL 32	413	
			City/State and Zip Code	
		bodeatthebeach@gmail.com	to be used for future annual report not	(Gastlan)
For further in 6	armatian a	oncerning this matter, please co	·	incation)
		meering this matter, please ca		
Lauren Costin			850 227-1159 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for th	e following amount:		
		S30.00 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)
Regi	ng Address stration S	ection	<u>Street Address:</u> Registration Se	
	sion of Co Box 6321	orporations 7	Division of Coa The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bode At The Beach LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Compa	nny were filed on	October 15, 2024	and assigned
lorida document number L24000440794	<u> </u>		<i>Ç</i>
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company l	<u>here</u> :	
iarrett Bode LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the	abbreviation "L.L.C."
'nton nou nuincinal offices adduces if smallerthe			
nter new principal offices address, if applicable:		<u> </u>	
<u> Principal office address MUST BE A STREET ADDRESS)</u>			:
			
nter new mailing address, if applicable:		<u>:</u>	
Mailing address MAY BE A POST OFFICE BOX)		į.	
<u> </u>			
. If amending the registered agent and/or registered offic	aa addrass an aur	records enter the re-	
gent and/or the new registered office address here:	ce address on our	records, enter the hal	ne of the new regist
Name of New Pagistared Agents			
Name of New Registered Agent:		·	
New Registered Office Address:		<u></u>	
	Enter Fl	orida 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Add
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			Change

1	Amending name of LLC onf	у.	
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effœa <u>e:</u> If	are date inserted fit titls off	he specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li
ord s filed	pecifies a delayed effective	date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day af
d _	October 18	2024	
	Marker Starter	,	,
		ignature of a member or authorized representa	tive of a member
			are of a member