

LZH0004507A1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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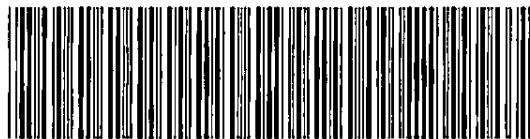
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Do the Beach North Port LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Barnett

Name of Person

Pino Law Group PLLC

Firm/Company

99 S. New York Ave.

Address

Winter Park, FL 32789

City/State and Zip Code

paula@pinolawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Barnett

407 425-7831
at ()

Name of Person

Area Code

Daytime Telephone 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)

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

2024 DEC -9 PM 2:10
SECRETARY OF
TALLAHASSEE
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Do the Beach North Port 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 October 23, 2024 and assigned Florida document number L24000450791.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7431 Sawyer Circle

Port Charlotte, FL 33981

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7431 Sawyer Circle

Port Charlotte, FL 33981

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:

Laurence J. Pino, P.A.

New Registered Office Address:

99 S. New York Ave.

Enter Florida street address

Winter Park

Florida 32789

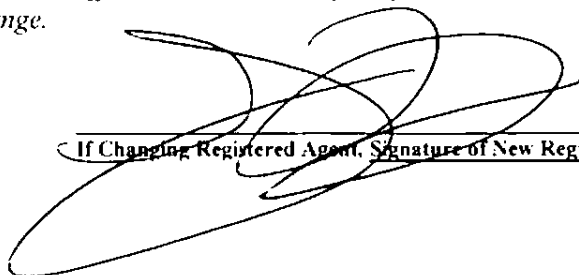
City

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	United We Bounce LLC		<input type="checkbox"/> Add
		7901 4th Street North, Ste 300, St. Pete., FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Earn Portfolios LLC		<input type="checkbox"/> Add
		1021 Independene Ave, Provo, UT 84604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LS11 Holdings Company LLC	7431 Sawyer Circle, Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 DEC 9 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FL

2021 DEC -9 PM 2:10
SECRETARY OF DEFENSE
TALAMAN, SETH P.

SECRETARY OF STATE
TALLAHASSEE
2024 DEC -9 PM 2:10

(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)

Dated December 2 2024

Robin Whincup

Robin Whincup

Filing Fee: \$25.00