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(Requestor's Name)	
(Address)	
(Address)	
(Ĉity/State/Zip/Phone :	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	-
LLC amend	

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2025 MAY -6 PM 12: 11
SECRETARY OF STATE
TALL A PLASSEE FL

My Mills

COVER LETTER

TO: Registration Se Division of Cor SUBJECT:	porations	Beach Homes LL	<u>'</u> _C		
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Picase return all correspo	ndence concerning this matter	to the following:			
·	J	C			
	Engra	Rulli			
	- Laglace	Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	<i>~</i> ,,				
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	Punte Veda	, FL 32081		77.1 77.1 77.1	اء احده
	erudd/36	City/State and Zip Code		2025 HAY -6 PH 12: 11 SECRETARY OF STAT TALLAHASSEE, FL	11252
		to be used for future annual report notifi			1
For further information c	oncerning this matter, please ca	all:		第一条の	
Enjer 1	Rull	at $\frac{G0^{l}}{\text{Area Code}}$	760	TATE	
Name o	f Person	Area Code Daytime	Telephone Number	_	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy	

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**

Florida Pala Const L	Beach Homes LLC		
(Name of the Limited Liability (A Florida Li	Beach Himes LLC Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L 25000 /77 52 0</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRE	<u> </u>	(Q 52	
		- 30 8 -	
		HAY RET	.}
Enter new mailing address, if applicable:		- 12 8	. F-000
(Mailing address MAY BE A POST OFFICE BOX)			***
			·
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name	e of the new registe	<u>red</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida street address		•
	, Florida	Zip Code	•
New Registered Agent's Signature, if changing Registered A	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>	Type of Action
AMBR	Rebecca Rudy	Ponk Veda, FL 32081	✓Add
			□Remove
			□ Change
			
			🗀 Remove
			SECRETTALL,
			SECREDARY (DISTAIL
		 	□Remove
			□ Change
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