## M13000003438

(Requestor's Name)
(Address)
(Address)
(1801033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SEP 1 6 2020 I ALBRITTON



August 20, 2020

LINDA TURNER 1521 ALTON ROAD #528 MIAMI BEACH, FL 33139

SUBJECT: BEACH CAPITAL INVESTMENTS, LLC

Ref. Number: M13000003438

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The principal address was updated on July 22, 2020.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00015947

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of Company in a D.O. DOV 2007 M. U. 1

## **COVER LETTER**

TO: Registration Section

Divis	sion of C	orporations					
SUBJECT:	Beach C	apital Investments, LLC					
		Name of Foreign Limited Liability Company					
Dear Sir or N	/ladam:						
The enclosed	d applicat	tion, certificate and fee(s)	are submitted	for filing	ļ.		
Please return	all corre	espondence concerning th	is matter to the	followir	ng:		
Linda Turner							
		Name of Person		_			
Beach Capital	Investme	nts, LLC					
	-	Firm/Company	<del>-</del>	_			
1521 Alton Ro	oad. #528			_			
		Address					
Miami Beach,	FL 33139	ı					
-		City/State and Zip Code	e	_			
linda@shoresp	propmgmt	.com					
E-mail add	dress: (to	be used for future annual	report notifica	ation)			
For further in	nformatic	on concerning this matter,	please call:				
Linda Turner		-	858 at (	951-44 )	40		
	Name	of Person	Area Code	e & Dayt	ime Telephone Number		
<u>Mailir</u>	ng Addres	s <u>s:</u>		Street Ac	ddress:		
Registration Section				Registration Section			
Division of Corporations				Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee				
тана	inassee, i	FL 32314			. Monroe Street, Suite 810 ssee, FL 32303		
Encle	osed is a	check for the following	amount:				
□\$25 Filing	Fee	S30 Filing Fee & Certificate of Status	☐ \$55 Filing Centified C		☐ \$60 Filing Fee, Certificate of Status &		
CR2E055 (9/15)					Certified Copy		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Compa	ny as it appear	s on the records of the Florid	a Department of	
State: Beach Capital Investments,	LLC			يہ
Enter new principal office address, i	f applicable:	1688 Meridian Avenue	,	100 S[-7
(Principal office address		Suite 700	•	<u>-3</u>
MUST BE A STREET ADDRESS		Miami Beach, FL 33139		
Enter new mailing address, if applic	able:	NA	_	112: 2 <sup>)</sup>
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
2. The Florida document number of	this limited lia	ability company is: M130000	)3438	
3. Jurisdiction of its organization:	Delaware			
4. Date authorized to do business in	Florida: May	28, 2013		
SECTION II (5-9 complete only the	ne applicable (	changes)		
5. New name of the limited liability	company: N. (must	A t contain "Limited Liability C	Company, ""L.L.C.," or "	LLC.")
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Con	anagers or mai	naging members adopting the	g business in Florida and a alternate name. The altern	ittach a nate name
6. If amending the registered agent a registered agent and/or the new regis	nd/or registere	ed officer address on our reco	rds, enter the name of the	new
	A			
New Registered Office Address:	Α			
		Enter Flor	ida Street Address	
		City	, Florida Zip Cod	<del>le</del>
New Registered Agent's Signature, it hereby accept the appointment as rethe provisions of all statutes relative and accept the obligations of my post document is being filed to merely refliability company has been notified it	egistered agen to the proper i ition as registe lect a change	gistered Agent: It and agree to act in this cap and complete performance of ered agent as provided for in in the registered office addre.	my duties, and l am famil Chapter 605, F.S. Or. if th	liar with his

If Changing Registered Agent, Signature of New Registered Agent

NA			
Title/ Capacity	<u>Name</u>	Address 1	Type of Action
MPER	VICTOR HANNA	MIDMI BEACH, FL 13332	$\frac{1}{2}$
			□Rem
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		<del></del>	□Rem
			□Add
			□Rem
<del>-</del>			□Ado
			□Rem
			□Add
aforemention	under the law of which this entity is orga	y the official having custody of records in the	□Rem

Filing Fee: \$25.00