N15 660008142

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2023

JOANNE ROSEN 22 WEST 70TH ST NEW YORK, NY 10023

SUBJECT: BEACON 87 MEMBER LLC Ref. Number: M15000008142

We have received your document for BEACON 87 MEMBER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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 $\frac{1}{50}$ (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 123A00013729

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>BEACON 87 ME</u> 2. (a) <u>4701 N. MERIDIAN AVE HAIF</u> (b)	EMBER LLC
2. (a) 4701 N. MERIDIAN AVE HY17 (b) 6	
	22 W. 70 ST
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
MIAMI BEACH, FL 33140 NE	W YORK NY 10023
) 1
10/12/15	M15000008142
3. Date of filing/registration in Florida 4.	Document number
5. (a) Rosen Riemer, Laurie	
Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:
20143 NE 19th Place	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20
	2023 .
North Miami Beach, FL 33179	
(b) <u>Joanne Rosen</u>	·
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	64:3
4701 N. Meridian Ave #417	0
NEW Registered Office Address:	
Miami Beach , FL 33140	
If the limited liability company is not organized under the laws of the State	of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered offi- agent will be identical. Or, in the case of a Florida limited liability company	ice and the business office of the registered
was/were authorized by an affirmative vote of the members of the limited li	iability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability $\frac{1}{2}$	
Signature of a member of authorized representative of a member	Founder ROSEN Printed or typed name of signer
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address. I hereby confirm notified in writing of this change.	of my duties, and I am Jamiliar with and accepter 605, F.S. Or, if this document is being filed

Signature of Registered Agent

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00