

LOG 000116815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

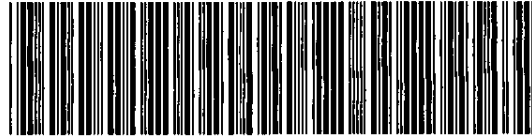
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
APR 27 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Alexander at Seacrest Beach, 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:

William A Davis
Name of Person

The Alexander at Seacrest Beach, LLC
Firm/Company

349 Honey Cove Ct SW
Address

Fort Walton Beach FL 32548
City/State and Zip Code

admin@williamadaviscompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Weaver at (850) 243-7161
Name of Person Area Code & Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

The Alexander at Seacrest Beach, 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 12/6/2006 and assigned Florida document number L06000116815.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

349 Honey Cove CT SW

Fort Walton Beach, FL 35248

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

349 Honey Cove CT SW

Fort Walton Beach, FL 35248

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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:

William A Davis

New Registered Office Address:

349 Honey Cove CT SW

Enter Florida street address

Fort Walton Beach

Florida

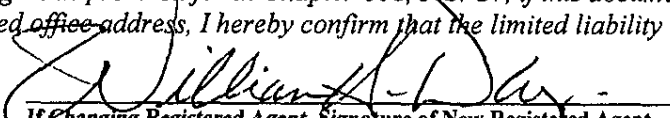
32548

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 608, 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.


William A. Davis
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

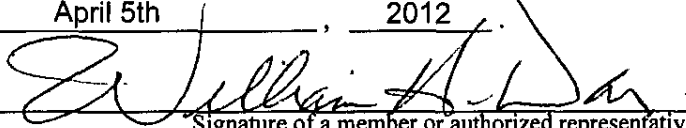
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| MGRM | William A Davis | 349 Honey Cove Ct SW Fort Walton Beach FL 32548 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Donald Baranowski | 778 Scenic Gulf Drive Unit A-202 Destin, FL 32550 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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 TALLAHASSEE, FLORIDA

FILED

Dated April 5th, 2012



 Signature of a member or authorized representative of a member

William A Davis

 Typed or printed name of signee