LD8000016350

	(Requestor's Name)			
	(Address)			
-	(Address)			
·	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			

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EXAMINER

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJÉ	(Name of Limited Liability Company)
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Patrick Geiger (Name of Person)
	Beach Quest Properties, LLC (Firm/Company)
	2-56 Wakissa Cove
	Destry, FL 32541 (City/State and Zip Code)
• For fur	ther information concerning this matter, please call:
_Q.	(Name of Person) at (850) 376-0673 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$25	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Beach Questi (Name of the Limited Liab (A Flori	ility Company as it now appéars of da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit		nary 14,2008 and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	"the designation "LLC" or the abbreviation
B: If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	3-	records, enter the name of the new
	(Enter Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in this capa r and complete performance of d agent as provided for in Chap tered office address, I hereby ca	my duties, and I am familiar with and oter 608, F.S. Or, if this document is
	(if Changing Registered Agent,	Signature of New Registered Agait)
		SA =

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 Title **Name Address Type of Action** MERM Remove Add Remove Add Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 300g Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00