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B. BOSTICK

FEB 2 1 2014

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT:	30 A Beach	h house LL ted Liability Company	<u></u>	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Sus	san Velotas		
		Name of Person		
	30	A Beach hous	o IIC	
		Firm/Company		
	9240	SW 140*5	3+	
		Address		
	Mian	1 10 001	<u>6</u>	
		City/State and Zip Code		
	E-mail address: (t	VELOTAS @ ML. CO o be used for future annual report notifice		
For further information co	oncerning this matter, please ca	•		ر المراد المراد المراد
Susan Name of	Velotas	at (850) 549 - Area Code Davtime T	elephone Number	
Enclosed is a check for th			2: 24	المحديد (
\$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

	h House LL	<u>_</u>	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company virial document number <u>L1000 \19753</u> .	were filed on <u>NOV. 17, 201</u>	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	<u> </u>	abburriation "T	I C "
Enter new principal offices address, if applicable:	9240 SW 19	40th St	. D.C.
(Principal office address MUST BE A STREET ADDRESS)	Miami, 7L	3317	6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9240 SW Miami, FL	140 th 5 3317	5+ 6
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		2014 5	of the new
Name of New Registered Agent:		- 400 - 55 - 553 - 19	· record
New Registered Office Address:	Enter Florida street address		
	Florida,		المحددة
	Citv	Zip Cade	

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 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

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			
<u> </u>			☐ Add
			□ Remove
			Add
		 	□ Remove
			☐ Add
			☐ Removel 1
		<u> </u>	2: 2h
			Remove
		<u> </u>	
			Add .
			☐ Remove

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(The ef	tive date, if other than the date of filing:
Dated	Jan 14 2014.
	Signature of a member or authorized representative of a member
	Susan Veldas Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00