

L11000068195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800209833938

07/13/11--01020--003 \*\*25.00

FILED  
11 JUL 13 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Culligan JUL 14 2011

**LAW OFFICE OF ANDREW WEINHAUS, L.L.C.**  
**8000 MARYLAND AVENUE-SUITE 1150**  
**CLAYTON, MISSOURI 63105**

**Phone: (314) 726-2411 • Fax: (314) 726-2413**

July 12, 2011

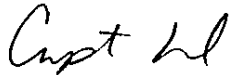
**VIA FEDERAL EXPRESS**

Florida Secretary of State  
Registration Section  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find one original and one copy of the Cover Letter and the Articles of Amendment to Articles of Organization of 69 Crystal Beach Drive, LLC to be filed with your office. Also enclosed is a check in the amount of \$25.00 for the filing fee. If you have any questions regarding any of the documents, please feel free to contact our office at the number listed above.

Respectfully,



Crystal Kornucik  
Paralegal

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 69 Crystal Beach Drive, 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:

**Andrew Weinhaus**  
Name of Person  
**Law Office of Andrew Weinhaus, LLC**  
Firm/Company  
**8000 Maryland Avenue, Suite 1150**  
Address  
**Clayton, MO 63105**  
City/State and Zip Code  
**Simplyharrison@yahoo.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Andrew Weinhaus** at ( **314** ) **726-2411**  
Name of Person Area Code & Daytime Telephone Number

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

FILED  
11 JUL 13 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

69 Crystal Beach Drive, 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 June 10, 2011 and assigned  
Florida document number L11000068195.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

71 Woodward Street Unit #226, LLC

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)**

71 Woodward Street, Unit #226

Destin, FL 32541

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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.*

\_\_\_\_\_  
**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**

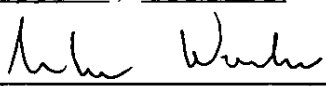
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
**11 JUL 13 AM 11:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Dated July 12, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**Andrew Weinhaus**  
 \_\_\_\_\_  
 Typed or printed name of signee