L110000947233

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON OCT 12 PM 3: 04

C. LEWIS

OCT 1 5 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		* 44 £.	***		· Secret	Arto
SHE	ECT:	Beach (Club 4103, L	l C			,
5015	EC1.		ited Liability Com				
The er	nclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please	return all correspo	ndence concerning this matter	r to the following:				
			Marci Lowma	n, Esq.			
Name of Person							
	Kim & Lowman, LLP						
	Firm/Company						
	8620 NE 2 Avenue						
	Address						
	Miami, Florida 33138						
City/State and Zip Code							
	ml@kimandlowmanllp.com E-mail address: (to be used for future annual report notification)						
For fu	rther information co	oncerning this matter, please o		•		,	
	Marci	Lowman, Esq.	at (305)	981-	4477	
	Name of	Person	Aı	ea Code &	981- Daytime Telep	ohone Number	
Enclos	ed is a check for th	e following amount:					
[] \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filin Certified C (additional	ору	enclosed)	Certified	e of Status &
				_			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT 12 PM 3: 04

Beach Club 4103, 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 08/17/2011 and assigned Florida document number L11000094723							
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)							
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, 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>	Address	Type of Action
MGRM	Arnaldo Jawerbaum	Cabello 3791, 1o Piso Of. Buenos Aires, Argentina 1425	Add Remove
MGRM	Somiso Ltd. (Arguilla)	Cabello 3791, 1o Piso Of. Buenos Aires, Argentina 1425	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.	SECRETARY OF SECRETARY OF SECRETARY OF CORPOR
-			PH 3: 04
Dated	1	er or authorized representative of a member	
	Arnaldo Jawernaum, Ind	ividually (resignation) and for Somiso, Ltd. ed or printed name of signee Page 2 of 2	<u> </u>
		Filing Fee: \$25.00	