(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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DATE:

3/19/14

NAME:

BEACH BOX CAFÉ, LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HOD

COVER LETTER

Division of Corporations		
SUBJECT: Beach Box Cafe,	LLC	
(A BODO 1	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
John Marc	lues	
 .	Name of Person	
Beach Box	k Cafe, LLC	
	Firm/Company	
9020 Gulf	Shore Drive	
	Address	
Naples, Fl	_ 34108	
iohn marausa	City/State and Zip Code	
	beachboxcafe.com ss: (to be used for future annual report notification)	
For further information concerning this matter, plea	se call:	
John Marques	630 ₃ 4523743	IIA IIA
Name of Person	Area Code Daytime Telephone Number	92 9
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Statu	(additional copy is enclosed) Certified	le of Status &

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Box Cafe, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lie Florida document number L13000154978	ability Company were filed on 11/4/2013	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the v	vords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	ROX)	
The state of the s	<u></u>	
B. If amending the registered agent and/orthe new registered of	or registered office address on our records, <u>enter</u> fice address here:	the name of the new
		7 R 19
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	20 -
	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 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

If 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MRG	Name Todd Allen	Address 8950 Fontana Del Sol V	Type of Action Vay
		Naples, FL 34109	■ Remove
			Remove
			Add
			Remove
			□ Add
			DAdd III
			DRemove 9 AH II: 37
			☐ Remove

),	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:
	Dated March, 19 2013
	John Marques 2014.03.19 10:38:11 -04'00'
	Signature of a member or authorized representative of a member
	John Marques Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

