



## COVER LETTER

**FO: Registration Section  
Division of Corporations**

**SUBJECT: FLAGLER BEACH PROPERTIES, 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:

**PAUL MACK**  
Name of Person

**FBP DEVELOPMENT LLC**  
Firm/Company

**24749 Harbour View Dr.**  
Address

**Ponte Vedra Beach, FL 32082**  
City/State and Zip Code

**fbpllc@live.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Paul Mack** at (904 ) **400-3131**  
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

2011 APR 26 PM 2:13

FLAGLER BEACH PROPERTIES, LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/04/2002 and assigned Florida document number L02000008049.

This amendment is submitted to amend the following:

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

FBP DEVELOPMENT, 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:

24749 Harbour View Dr

**(Principal office address MUST BE A STREET ADDRESS)**

Ponte Vedra Beach, FL 32082

Enter new mailing address, if applicable:

Development Division

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

24749 HARBOUR VIEW DR.

PONTE VEDRA BEACH, FL 32082

**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:

Paul Mack

New Registered Office Address:

24749 Harbour View Dr.

*Enter Florida street address*

Ponte Vedra Beach

, Florida

32082

*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.*

*Paul Mack*  
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:

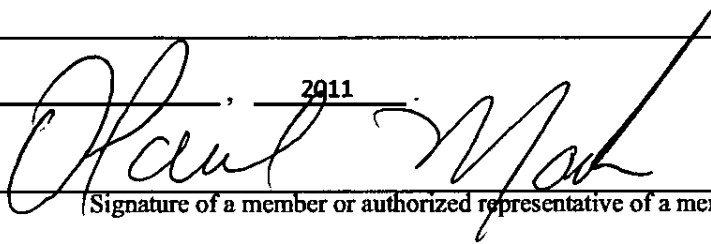
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Mack	17375 W Highway 40 Ocala, FL 34481	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Paul Mack	24749 Harbour View Dr. Ponte Vedra Beach, FL 32082	<input checked="" 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.)*

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

Dated April 21st, 2011



Signature of a member or authorized representative of a member

PAUL MACK

Typed or printed name of signee

2011 APR 26 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED