L0300015877

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Locat	Name of Lim	ited Liability Company	Management, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Teff Cartery Name of Person	
		Bernon Teal	
	210	Mulinzia	
	Panama	City Beach, City/State and Zip Code	FL 32401
	Zach Fl. E-mail address: (to be used for future annual report notifi	eation)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (\$\frac{\$\frac{9}{50}}{\text{Area Code}}\times \text{Daytime}	S 6619 Telephone Number
Enclosed is a check for th	e 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 ARTICLES OF ORGANIZATION

(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 ______ 5/2/2013 _____ and assigned Florida document number L 03000015877 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11714 Emerald Coast Pluy Miramar Beach, FL 32550 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 City 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 fanifliar 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 lin**ted** liatelity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Register

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGIL	Beron Redding	200 Millensie Ave PLF3, FL 32401	□ Add
		PLB, FL 32401	Remove
			Change
M6/2	Coustal Properties	e. Miramar Bearl	PKW1.
	Huming services, In	Miramar Beach	☐ Remove
			Change
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		date of filing	: 4/16, cannot be prior to d	/20/7 ate of filing or more the statutory filing rec	option (option of the contract	onal) filing.) Pursua s date will no	ant to 605.0207
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Filing Fee: \$25.00