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(Req	uestor's Name)	
(Add	lress)	
. (Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DB SEP 22 PM 1:56
SECRETARY OF STATE
OF LABORET FI ORIDA

M. THOMAS
SEP 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachfro	ont Design & Remo (Name of Limi	deling LLC ted Liability Company)	· • •
	mendment and fee(s) are sub-	<u>-</u>	ı
	Charles E Smith		
•		(Name of Person)	
	Beachfront Design & Rer	nodeling LLC	
		(Firm/Company)	
	2900 NE 14 St, #803		
		(Address)	FR THE
	Pompano Beach, Fl., 330		FILEU PR 1:5
		(City/State and Zip Code)	mg =
For further information co	ncerning this matter, please co	all:	OB SEP 22 PM 1:56 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
Charles E Smith		at (954) 605-6093	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Beachfront Design & Remodeling	LLC			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears a liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on 05/04	/2004	and assigned
Florida document number L04000033769		•		
•				
Γhis amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		•
N/A				
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limi	ted Liability Company	," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:	2900 NE 14 St, #	303	AFO SE
Principal office address MUST BE A STREE	T ADDRESS)	Pompano Beach,	Fl., 33062	50 23
		_		路地。
Enter new mailing address, if applicable:		2900 NE 14 St, #	B03	N 1:58
Mailing address MAY BE A POST OFFICE	BOX)	Pompano Beach,	FI., 33062	<u> </u>
B. If amending the registered agent and/registered agent and/or the new registered of			r records, enter 1	the name of the new
Name of New Registered Agent:	Charles E Sm	ith		
New Registered Office Address:	2900 NE 14 S	6t, #803,		
		(Ente	er Florida street ad	dress)
	Pompano Bea	ich	, Florida <u>33</u>	062
		(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. Thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

門門

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Verdino, Frank (Now Deceased)	1300 E. Hillsboro Blvd S-102 Deerfield Beach, Fl., 33331	Add Remove
MGRM •	Smith, Charles E	2900 NE 14 St, #803 Pompano Beach, Fl., 33062 Change ownership to 100% from 10%	Add Remove
•			Add Remove
	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1		Add Gove 22
			A Remoral STATE
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	
		,	
Dated 09/18/	/ 2008 ,		
	Signature of a member	er or authorized representative of a member	

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00