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09 SEP 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 21 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DELL SCHMIDT 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:

GENE I. SCHMIDT
Name of Person

Firm/Company

40 S. PALAFOX PLACE, SUITE 300
Address

PENSACOLA, FL 32502
City/State and Zip Code

✓ GENE@SCHMIDTCONSULTINGGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENE I. SCHMIDT at (850) 438-0050
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**

DELL SCHMIDT PROPERTIES, 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 07/14/2004

Florida document number L04000052285

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

This amendment is submitted to amend the following:

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

PENSACOLA BEACH CLUB, 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:

40 S. PALAFOX PLACE, SUITE 300

(Principal office address MUST BE A STREET ADDRESS)

PENSACOLA, FL 32502

Enter new mailing address, if applicable:

40 S. PALAFOX PLACE, SUITE 300

(Mailing address MAY BE A POST OFFICE BOX)

PENSACOLA, FL 32502

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:

40 S. PALAFOX PLACE, SUITE 300

Enter Florida street address

PENSACOLA

City

Florida

32502

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]
Signature of a member or 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	DELL, HAROLD L	139 E. GOVERNMENT STREET PENSACOLA, FL 32502	<input type="checkbox"/> Add <input checked="" 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
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			<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

9/3/09

Signature of a member or authorized representative of a member

GENE SCHMIDT

Typed or printed name of signee