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DEFALIMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

THE SECTION

D. BRUCE

APR 14 2011

EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT: Bea	chside & Bax Name of Lim	ited Liability Company	ervicesCCC	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jerry (Name of Person		
	***************************************	Firm/Company		
		Address	SECTION APR	om soci
		City/State and Zip Code City/State and Zip Code Cobe used for future annual report notifications.	ntion)	
For further information of Servey Canal Name of	concerning this matter, please of	eall: at (<u>890_)_276-73</u> Area Code & Daytime T	662 Telephone Number	
Enclosed is a check for t	the following amount:			
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

ed Lizbility Company as it now appe: (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Oct Florida document number LOH 000077580 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 end with the words "Limited Liability Company," the designation "LIGO or the abbreviation "L.L.C." 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

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 of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Wanaging Member being added or removed from our records:

MGR = Manager

MGRM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGF	R Charles H W	Good 227 Coker nd Southport FL 3240	Add Remove
			
			
			Add Remove
******	· ————————————————————————————————————		[TD amount
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If am	ending any other information, e	enter change(s) here: (Attach additional sheets, if i	necessary.) APR 14 SS
Dated	4-14-2011 Jan	member or authorized representative of a member	
	M Je	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00