# 10500004651

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #	<b>¥</b> )
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(Do	ocument Number)	
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# **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Rainbow Beach Cl	ub 11W, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Renee Scruggs		
		Name of Person	
		Firm/Company	
	6156 Llanfair Drive	·	
		Address	
	Columbia Maryland 2104	4	
		City/State and Zip Code	
	renee.scruggs@cohnreznicl		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Renee Scruggs		301 908-5310 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

**Registration Section** 

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

18 MAR -9 PM 3: 30

Rainbow Beach Club 11W, 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 January 14, 2005 and assigned Florida document number L05000004651 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rainbow Beach Villa 1, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 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 limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILED MGR = Manager 18 MAR -9 PM 3: 30 AMBR = Authorized Member Type of Action <u>Title</u> Name <u>Address</u> ☐ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove □ Change \_□ Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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ate, if other than the date of filing: date is listed, the date must be specific and cannot be date inserted in this block does not meet the effective date on the Department of State's re-	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605 applicable statutory filing requirements, this date will not be listed	
rd specifies a delayed effective date, b Oth day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlie	
March 1,20	018	
Signature of a member of	or authorized representative of a member  SCI 1995 managing me  or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00