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T. CLINE

JUN 11 2009

EXAMINER

COVER LETTER

	tration Section ion of Corporations	
CUDIECT.	CBV 59 LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	articles of Amendment and fee(s) are submitted for filing.	
Please return a	ll correspondence concerning this matter to the following:	
	MARK Mongon	
	Name of Person	
	Firm/Company	
	813 Riley Lawe	
	Address El 22.296	
	St Augustine FL 32095 City/State and Zip Code	
	MS Mongon (3) YAHOO. Com E-mail address: (to be used for future annual report notification)	200 S
For further info	E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call:	JUN JUN
	1.	JN 10 A ETARY OF HASSEE
MARK	Mongon at (87) 228 6302 Name of Person Area Code & Daytime Telephone Number	FILED 2009 JUN 10 AM II: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Enclosed is a cl	neck for the following amount:	52 RIDA
\$25.00 Filin	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
	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

CBV 59, L.L	C.			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appe Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Compared Florida document number <u>L 05 0000 66872</u> .	ny were filed on	July 7,2005	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list. Cinnamon Beach 59	LLC			
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Comp	pany," the designation "	LLC" or the abbrevi	ation
Enter new principal offices address, if applicable:	_ N/A			_
(Principal office address MUST BE A STREET ADDRESS)	 -		SECTION ALLE	- Carections
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		JUN 10 AM 11: 52 PRETARY OF STATE AHASSEE, FLORIDA	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter	the name of the	new
Name of New Registered Agent:	C			_
New Registered Office Address:	E	nter Florida street add	lress	_
·		, Florida		
	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, I hereby confirm that the limited liability company has been notified in writing of this change.

• •

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

<u>e</u>	Name	Address	Type of Action
			
			— = <u> </u>
 -			Totald 100 A Premove
			ARY Add A
f amending	any other information, en	ter change(s) here: (Attach additional sheets, i	if necessary.) DA
	e 6	, 2009	

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Filing Fee: \$25.00