# L05000/07/08

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J. BRYAN

APR 28 2009

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporate				
SUBJ	ест:	Beach Life (Name of Limi	Orlando LLC ted Liability Company)	<del></del>	
The en	nclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Po	(Firm/Company)  Pox 1953  (Address)		
For fu	rther information con	cerning this matter, please ca	ail:	<del>回</del> m	
		-		336 Telephone Number)	
Enclos	New Smyrna Beach, ft 32170  (City/State and Zip Code)  further information concerning this matter, please call:  Martha Wagner  (Name of Person)  (Area Code & Daytime Telephone Number)  closed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,				
<b>≯</b> \$2	5.00 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)	

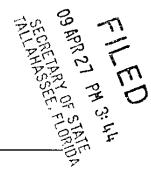
### MAILING ADDRESS:

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



(Zip Code)

Beach Life Orla	endo LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company v Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	956 Holly Circle Ormond Beach, FL 32176
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
•	Planta

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.

(City)

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

MGR = Man MGRM = M	ager anaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MBR	Sunfest Group LLC	PO Box 1953 New Smyrna Brh. Fr. 3	Add Remove
			AddRemove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if neces	ssary.)
			09 APR 27 SECRETARY TALLAHASSE
			APR 27 PM 3: 44 CRETARY OF STATE LAHASSHE, FLORIDA
Dated	april 23, 202	w Mbr Sunkst Granp or authorized representative of a member	) TATE ORID

Page 2 of 2

Filing Fee: \$25.00