L06000115127

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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2014 HAY 20 AN II: 51

N. Outrigen WAY 2 9 2014!

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	Interf	ace Myrtle Be	ach, LLC	
SUBJI	ECI:	·	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Kimberly Hil	I	
			Name of Person	
		Interface My	rtle Beach, LLC	
			Firm/Company	
		3930 Max P	lace	
			Address	
		Boynton Bea	ach, FL 33426	
			City/State and Zip Code	
		kristen@mspmgr		
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
Kir	nberly Hi	II	_{at} 561 742-9	290
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 HAY 20 AM II: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Interface Myrtle Beach, 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 C	Company were filed on 12/01/2006	and assigned
Florida document number L06000115127	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
PHD @ Myrtle Beach, LLC		
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the new
registered agent and/or the new registered office add		0.000 2.000 0.000 0.000
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
Non-Desirational Association (Colored Desiration Colored Desiration Co	·	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered as	omplete performance of my duties, and	I am familiar with and
being filed to merely reflect a change in the registere company has been notified in writing of this change.	ed office address, I hereby confirm that	

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If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			_
			Add
			□ Remove
			······································
			Add
			☐ Remove
			☐ Add
			Remove
			
			☐ Add
			Remove
		 	
			Add
			□ Remove

	,	
		
•		
Effective	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt or filed date and cannot be	(optional)
	is document is filed by the Florida Department of State)	o more man yo days aree
		o more manyo daya dater
the date th		

Page 3 of 3

Filing Fee: \$25.00