L07000/25280

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2014 MAR 18 AM M: 26
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COVER LETTER

TO: **Registration Section Division of Corporations** Atlantic Beach Realty Group, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Justin G. Cerrato Name of Person Hathaway & Reynolds, P.A. 50 A1A North, Suite 108 Ponte Vedra Beach, FL 32082 City/State and Zip Code justin.cerrato@pvtitle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin G. Cerrato Daytime Telephone Number Name of Person

Enclosed is a check for the 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)

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

Atlantic Beach Realty Group, LLC	C	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L07000125280</u>	Company were filed on 12/18/200	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Margaret M. Sherrill, LLC		
The new name must be distinguishable and end with the words "Lin	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 ADDI	RESS)	
		Én # T
Enter new mailing address, if applicable:		1 8 E
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
		CO 31 C
D. If any live the projection of any low marks	-t-med effect address on our moos	S (60)
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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

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

MGR = M $AMBR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			PROVE PAR 18		
			SEE OF Add M		
		Add			
			□ Remove		
			Add		
			□ Remove		
			Remove		

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8	
AM #: 26	

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective (The effective	date, if other than the date of filing: 3/6/2014 (optional) the date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	is document is filed by the Florida Department of State)
Dated M	larch 2014
	Margand Shewill All Merell
	Signature of a member or authorized representative of a member
	Margaret M. Sherrill & Pete Sherrill
	Typed or printed name of signee

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Filing Fee: \$25.00