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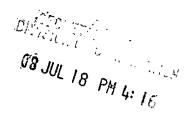
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TO:

Registration Section

Division of Corporations					
OUD WOR CR REAL	CHWALK PARTNE	:BS IIC	_		
SUBJECT: OB BEA		ited Liability Company)	<u> </u>		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
•		•			
	ERNEST L. MASCARA				
		(Name of Person)			
ENGLANDER & FISCHER, P.A.					
(Firm/Company)					
	721 FIRST AVENUE NORTH				
		(Address)			
	ST. PETERSBURG, FL 33701				
		(City/State and Zip Code)			
For further information co	ncerning this matter, please ca	all:			
	· · · · · · · · · · · · · · · · · · ·				
PAMELA C. STRAMPE (Name of	Percan	at (727) 896-1200 (Area Code & Daytime Te	danhona Numbar)		
io ameni	reisony	(Alea Code & Dayline Te	nephone (vumber)		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	☑\$55.00 Filing Fee &	□\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
		(auditional cop) to onlocate,	(additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIER ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CB BEACHWALK PARTNERS, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our r iability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on 04/29/2008	and assigned	
Florida document number L08000042926			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	·	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	401 GULF BOULEVARD		
(Principal office address MUST BE A STREET ADDRESS)	INDIAN ROCKS BEACH,	FL 34635	
Enter new mailing address, if applicable:	P.O. BOX 266		
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33731		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	C A EL 1	1 1 1 1	
	(Enter Florida street address)		
	(City)	Florida(Zip Code)	
	(Cuy)	(Zip Coue)	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MASCARA, ERNIE	721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	Add Remove
MGR	LODER, MATT	401 GULF BOULEVARD INDIAN ROCKS BEACH, FL 34635	Add Remove
MGR	POWERS, GREG	401 GULF BOULEVARD INDIAN ROCKS BEACH, FL 34635	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	ry.)
Dated JULY	<u>Se</u>	per or authorized representative of a member	·····
	· ·	GST L. MASCARA	

Page 2 of 2

Filing Fee: \$25.00