# 08000056747

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(City/State/Zip/Phone #)
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G. MCLEOD

JAN 27 2009

**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORFORATIONS

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Anc	hor Beach To (Name of Lim	nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob Blac	(Name of Person)	
		Ch Towels, LLC (Firm/Company)	<u> </u>
	3475 Rayal	Rd APt 2 (Address)	· · · · · · · · · · · · · · · · · · ·
	Coconut Gr	Ove, FL 33133 (City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	
Jacob Blog	aubuer of Person)	at ( <u>5(&amp;) 429 - 6</u> (Area Code & Day	time Telephone Number)
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anchor Beach Jowel (Name of the Limited Liability Com	pany as it now appears on our records.)	
(A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 6/9/08	and assigned
Florida document number <u>LO800056747</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>D</u>
		85. 35. 35.
		SP.
Enter new mailing address, if applicable:		26 93 x
(Mailing address MAY BE A POST OFFICE BOX)		
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		<b>5</b> 42
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	ldress)	
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
nbrm_	Jason Stern	3 Scotch Migt Const Potomac, ND 20654	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	ry.) 
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  Dated			
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Page 2 of 2

Filing Fee: \$25.00