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EXAMINER



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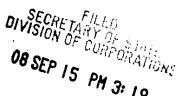
TO: Registration Section Division of Corporations
SUBJECT: Beach Knits LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sonia Pascalli (Name of Person) Beach Knits LLC
Beach Knits LLC (Firm/Company)
AL White Heron Deive PO Box 4644 (Address)
Santa Rosa Beach, FL 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
Sonia Pascalli at (859 543-6513 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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



Beach Knit	5 LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LOSODOOS32</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Pascalli Foods, LLC	rds "Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDE	3799 E. County Hwy. 30-A RESS #2G Santa Rosa Beach, FL 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 4644 Santa Rosa Beach, FL 32459
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address: 3	199 E. County Hwy. 30-A #26 (Enter Florida street address)
Sai	199 E. County Hwy. 30-A #26 (Enter Florida street address) nta Rosa Beach, Florida FL, 32450 (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

MGRM = Managing Member

Title Name **Address Type of Action** MGR Lisa McBride MGR Richard Pascalli 🗂 Add Remove ☐ Add Remove ∫ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the company name from Beach Knits LLC to Pascalli Foods LLC. I also need the address changed and managing partner Lisa Mc Bride removed. 2008 Dated ____ Sonia Pascalli Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00