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Special Instructions to Fil	ing Officer:		





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## **COVER LETTER**

TO:	Registration Se Division of Cor			
C1115.11		ACH HOUSE, L.L.C.	,	,
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Robert W. Bivins		
			Name of Person	
		Bivins & Hemenway, P.A.		
			Firm/Company	
		1060 Bloomingdale Avenu	ne	
			Address	
		Valrico, FL 33596		
			City/State and Zip Code	
		bbivins@bhpalaw.com	to be used for future annual report notific	ation
For fur	rther information c	oncerning this matter, please ca	·	attorij
Rober	rt W. Bivins		813 643-4900 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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

P.G.M. BEACH HOUSE, L.L.C.			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L	iability Company were filed on	September 17, 2008	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability compan	<u>y here</u> :	
P.G.M. INVESTMENT PROPERTIES, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
• •	-		
<u>(Principal office address MUST BE A STRE)</u>	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
*	<del></del>		
B. If amending the registered agent and	l/or registered office addres	s on our records, en	ter the name of the
registered agent and/or the new registered o	•	, , <u></u>	- 1 of
			\$ S
Name of New Registered Agent:			17
Name of New Registered Agent.			<u> </u>
New Registered Office Address:	8720 Lithia Pinecrest Road		
	Ente	r Florida street address	
	Lithia	, Florida	33547
	City	, . 101100	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	P.G.M. Holdings, LP		□ Add
			☐ Remove
		10431 C.R. 39 S., Lithia FL 33547	Change
			□ Add
			□ Remove
<del></del>			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
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fectiv	e date, if other tha	in the date of t	filing:				(optic	nal)		
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Typed or printed name of signee

Filing Fee: \$25.00