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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : THE CRITZER LAW FIRM, P.A.
Account Number : 120080000096
Phone : (850) 685-4285
Fax Number : (888) 866-6820

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

STRATEGIC ASSET MARKETING, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATEGIC ASSET MARKETING, 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:

S. Scott Critzer, Esq.

Name of Person

The Critzer Law Firm, P.A.

Firm/Company

285 Harbor Boulevard, Suite A

Address

Destin Florida 32541

City/State and Zip Code

scritzer@critzerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Critzer

Name of Person

at (850)

685-4285

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
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☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee.
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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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STRATEGIC ASSET MARKETING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2008 and assigned
Florida document number L08000113867

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRESTIGIOUS BEACH PROPERTIES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No Change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: No Change

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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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

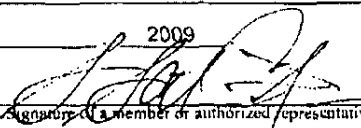
MGRM = Managing Member

Title	Name	Address	Type of Action
	No Change		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

No Other Changes.

Dated June 18 2009


Signature of a member or authorized representative of a member

S. Scott Critzer, Esq./The Critzer Law Firm, P.A., Authorized Representative

Typed or printed name of signer

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Filing Fee: \$25.00

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