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**EXAMINER** 

## COVER LETTER

Division of C	Section Corporations						
SUBJECT:	Surfside Recr	Surfside Recreation Concepts LLC  Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.					
Please return all corre	spondence concerning this matter	r to the following:					
		David Cascioli					
Name of Person							
	Access	Access Leisure Management LLC					
		Firm/Company					
		PO BOX 702					
		Address					
	Olds	mar, Florida 34	677				
	E-mail address: (	Accessim@aol.com  E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, please of	•	,				
	David Cascioli	at ( 727 )	748-5313				
Nam	e of Person	Area Code &	Daytime Telephone Number				
Enclosed is a check for	or the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	ILING ADDRESS: istration Section	STREET/C Registration	COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surfside (Name of the Limited	Recreation	on Concepts LLC ny as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited Liabi	were filed on0	1/26/2009	and assigned				
Florida document numberL090000893	35						
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liab	ility company here:					
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ited Liability Company,"	the designation "Ll	C" or the	abbreviation		
Enter new principal offices address, if applicable	Karen Cascioli A	ttn: 42007_01	00 👱	- <u>88</u>			
(Principal office address MUST BE A STREET ADDRESS)		8705 Henderson Road			<b>≈</b> ∺ 		
		Tampa, Florida 3	3634	9	02E		
				PH	042 105 105 105 105 105 105 105 105 105 105		
Enter new mailing address, if applicable:	PO BOX 702	<del></del>	- <del></del>	RET.			
(Mailing address MAY BE A POST OFFICE BO	Oldsmar, Florida	34677	GD.				
					<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter th</u>	e name	of the nev		
Name of New Registered Agent:	Karen Cascioli Attn: 42007_0100						
New Registered Office Address:	8705 Henderson Road						
<del></del>		Enter F	lorida street addr	ess			
_	Tai	ampa, Florida, Florida		3363	33634		
		City		Zip Coo	le		

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

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** <u>Name</u> **Address** Type of Action **MGRM Nuwave Concepts LLC** 263 46th Street N. ☐ Add Saint Petersburg, Florida 33713 √ Remove Access Leisure Management MGRM 100 Bayview Blvd N ✓ Add LLC # 702 ☐ Remove Oldsmar, Florida 34677 Add Remove ∏Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 10 2009 Dated Signature of a member or authorized representative of a member

Gary Booze
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00