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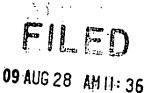
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COVER LETTER

TO:	Registration S Division of C			
SURII	ЕСТ:	Swimming	Pool Beach LLC	
5020	<u> </u>		ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matter	r to the following:	
	Sandy Segall			
			Name of Person	
			Address	
		Per	mbroke Pines, FL 33028	
			City/State and Zip Code	
		E-mail address: (sss@acbdgroup.com to be used for future annual report notification	on)
For fur	ther information	concerning this matter, please	•	
		Sandy Segall	at (_954_)44	7-7775
	Name	of Person	Area Code & Daytime Tel	lephone Number
		the following amount:		
\$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)
	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Swi (<u>Name of the Limited I</u> (A F	mming Poo Liability Compan Florida Limited L	l Beach LLC y as it now appears or lability Company)		Y OF STATE EE FLOR IDA
The Articles of Organization for this Limited Lia Florida document number		were filed onJu	une 30, 2009	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		1806 N. Flaming	o Road, Suite	300
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Pembroke Pines, FL 33028		
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter t	he name of the new
Name of New Registered Agent:	Sandy S Sec	gall		
New Registered Office Address:	1806 N. Flamingo Road, Suite 300 Enter Florida street address			
	Pem	broke Pines	, Florida	33028
		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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sandy Segall	1806 N Flamingo Road #300 Pembroke Pines, FL 33028	Add Remove
<u>MGRM</u>	Charles Newman	1806 N Flamingo Road #300 Pembroke Pines, FL 33028	Add V Remove
MGRM	Sandy S. Segall, Family Lin LIMITED PARTNERSHIP #2	1806 N Flamingo Road #300 Pembroke Pines, FL 33028	Add Remove
MGRM	Whitestone Development, L.C.	5205 SW 116 Avenue Cooper City, FL 33330	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary	<i>y.)</i>
			SECONOMIC SECONO
Dated	August 20 , 200	or authorized representative of a member	AUG 28 AL
	Sa	andy S Segall	FLOST
	Typed o	r printed name of signee	36

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Filing Fee: \$25.00