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(Red	questor's Name) -	
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**EXAMINER** 

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# **COVER LETTER**

TQ:	Registration Section Division of Corporations	
SUBJE	BEACHCOMBER RETREAT, LLC	
J C D G L	Name of Limited Liability Company	
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following:	2810 SEP 10 PM II: 43
	DAVID MURPHREE	F ST
	Name of Person	
	BEACHCOMBER RETREAT, LLC	<i>y</i> *
	Firm/Company	
	22218 PANAMA CITY BEACH PKWY	
	Address	
	22218 PANAMA CITY BEACH PKWY	
	City/State and Zip Code	
	DAVID.MURPHREE@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	DAVID MURPHREE at (850) 527-3922  Name of Person Area Code & Daytime Telephone Number	r
Enclos	ed is a check for the following amount:	
<b>\$25</b>	(additional copy is enclosed) Certified	ate of Status &

### MAILING ADDRESS:

TO:

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

BEACHCOMBER RETREAT, LLC	
(Name of the Limited Liability Company as it now appears on our records.)	_
(A Florida Limited Liability Company)	

1.00000404000			9 and assign	ica	
- Introduction in interest in the interest in interest		3	2 <b>11</b> Single	*waterstake	
This amendment is submitted to amend the following:		) 7	SEP SEP	13	
A. If amending name, enter the new name of the limited liabil	li(v company here:			m	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," t	he designation "[	EG" or the abb	rekinton	
Enter new principal offices address, if applicable:	220 SOUTH ARNOLD RD				
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY BEACH, FL 32413				
en e				<del>_</del>	
Enter new mailing address, if applicable:	22218 PANAMA CITY BEACH PKWY				
(Mailing address MAY BE A POST OFFICE BOX)	PANAMA CITY BEACH, FL 32413				
B. If amending the registered agent and/or registered office address here		ecords, enter t	he name of t	he new	
Name of New Registered Agent: DAVID MUR	DAVID MURPHREE				
New Registered Office Address: 22218 PANA	22218 PANAMA CITY BEACH PKWY				
	Enter Florida street address				
PANAM	A CITY BEACH	. Florida	32413		
	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.SO, if this document is being filed to merely reflect a change in the registered office address. Hiereby 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 Type of Action Title <u>Name</u> <u>Address</u> MGRM DANIEL W LUOMA 441 FOREST GLEN PL 📝 Add Remove MARY ESTHER, FL 32569 DAVID MURPHREE MGRM 22218 PANAMA CITY BEACH PKWY. Add Remove PANAMA CITY BEACH, FL 32413 MGRM PANHANDLE SERVICES 22218 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32413 Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 25, 2010  $Dated_{-}$ Signature of a member or authorized representative of a member CHRIS HAMMONDS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00