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D. BRUCE

DEC 14 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	GREATER BEAC	HES INVESTMENT,	LLC		
		ted Liability Company		_	
			132		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·	· y.	
Please return all correspo	ondence concerning this matter	to the following:		•	
		Cherie Elson			
		Name of Person			
	C	nilders Financial Group			
		Firm/Company			
	150	9 Green Mountain Drive			
		Address		- FF 99	
	Little Rock, Arkansas 72211		A R		
		City/State and Zip Code			
	mio			m√ √	TILE
	E-mail address: (misellitto@hotmail.com to be used for future annual report in	otification)	PH 12: OF STA FLOR	П
For further information c	concerning this matter, please of	call:		Z 31	J
С	herie Elson	at (501)	372-6592		
Name o	of Person		time Telephone Num	ber	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif osed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclo	osed)
	ING ADDRESS: ration Section	STREET/COU Registration Se	JRIER ADDRESS	:	
	on of Corporations	Division of Cor			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREATER BEACHES INVESTMENT, LLC

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

The Afficies of Organization for this Limited Lia	bility Company were filed on	and assigned
Florida document numberL090001124	152	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	2:
GREATER	BEACHES INVESTMENTS,	LLC
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		17. 09
		PEC TO
Enter new mailing address, if applicable:		SSE SSE II
(Mailing address MAY BE A POST OFFICE B	(OX)	mo P
		1000 I
		31 Alfe
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, <u>enter the name of the ne</u> y
registered agent and/or the new registered of	ice address here:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enti	er 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

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

<u>itle</u>	Name	<u>Address</u>	Type of Action
			
		•	Add Remove
			Add Remove
			Add Remove
			<u> </u>
. If amen — — —	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if ne	O9 DEC 11 PH 12: 31 SECRETARY OF STATE TALLAMASSEE. FLORIDA
ated	December 2nd 2	009	

Page 2 of 2

Filing Fee: \$25.00