109000115762

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			
,				

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2012 JAN 23 PM 1: 16 SERVETARY OF STATE PAGE AHASSEE, FLORIDA

Metros Metros Section Section Metros

T. CLINE

JAN 2 4 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co		
SUBJECT: Bring	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Carlos Garcia Name of Person	
	Firm/Company	
	4744 CARRIAGE DRIVE Address	
	Mgson, Ohio 45040 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	3
For further information of	concerning this matter, please call:	and the first
Carlos 6	concerning this matter, please call: ARCIA at (5/3) 225-2575 (Lell) Area Code & Daytime Telephone Number	and the same
		See Total
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	(h

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Being on the B	ach LLC				
(<u>Name of the Limited Lin</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	rs on our records.)			
		2/04/2009-late 05/02/2011-R	#Jes		
The Articles of Organization for this Limited Liabi		25/02/2011-K	and a	ssigned	l
Florida document number <u>L 09000 1157</u>	<u>62</u> .				
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compa	any," the designation "LL	C" or the	abbrev	iation
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	(DDRESS)		-red	<u>~_</u>	
				012	
			32	N	1
Enter new mailing address, if applicable:			改革	, N	edi-m.
(Mailing address MAY BE A POST OFFICE BO			置る		10 E J
muning dadress may be a 1 ost of fice bo	<u></u>	<u> </u>	<u>- 東京</u> アンク	3	٠٠ <u>٠</u> ٠ زڙن
			and the same of		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	iname	87 the	new
egistered agent and/or the new registered orner	address here.				
Name of New Registered Agent:					
New Registered Office Address:	Fm	ter Florida street addre			
-	City	, Florida	Zip Cod	de	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m62M</u>	Shoork Gurla	4744 CARIAGE DO MAGA) ONIO 45047)	_□ Add □ Remove
mben_	Nicholas Gazua	4744 CG2RUAGE DR MASON CAID 45040	Add Remove
MLRM_	MADE GARCIA	4744 Carage De Mason, pho 45040	Add Remove
			Add Remove
			Add Remove
	·		2012 EAGE PREMIOVE
D. If amendin	ng any other information, enter change(s	here: (Attach additional sheets, if necessary)	
		15-	637. -
			-
Dated	and Human	authorized representative of a member	
-	Signature of a member or CALLOS GALCIA Typed or	authorized representative of a member printed name of signee	
		F	

Page 2 of 2

Filing Fee: \$25.00