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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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03/05/10--01023--017 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BEACH REPERTIES THAT ESTATE CROUP  Name of Limited Liability Company  LLC
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Parricia Kaye Happak.
PEACH PROPERTIES THERE Estate GROW Firm/Company
113 MONUMENT AVE
LOZT ST JOE 12 30456  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATRICIA KAYE HADDUK 850-227-LeGO Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

### **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

Beach Proper	TIES REAL E	Estate Geor LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u> </u>		2010 and and SECRETARY SECRETARY	
This amendment is submitted to amend the following:		P P	
A. If amending name, enter the new name of the lin	nited liability company here:	3: 28 3: 7ATE LORIDA	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADD	PORTS	THE PL ZOUSE	
Enter new mailing address, if applicable:	1021	7 9 9 13 4	
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		records, enter the name of the new	
Name of New Registered Agent:	***************************************		
New Registered Office Address:			
	Enter 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGEN	PATRICIA K	Aye HADOQUE 113 MONUM. PORT ST JOE,	ENT PAdd  FC Remove
			Add Remove
			☐ Add ☐ Remove
			Add ST Remove
			AST AND REMOVE FOR SELECTION SELECTI
D. If ame	nding any other informati	on, enter change(s) here: (Attach additional sheets, if	Romove
<u>-</u>	PAT RICI	- PRESIDENT	odi-
-	MANAGIR	NG MEMBER	
Dated	3/4/10		Loch
	Signa	ature of a member or authorized representative of a member	r

Page 2 of 2

Filing Fee: \$25.00