

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000249968 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN Account Name

Account Number : I20020000140 Phone

: (561)844-3600

Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACH REALTY GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

OCT 1 1 2016

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|--|--|-----------|------------|
| BEACH RI | EALTY GROUP, LLC | | | | |
| SUBJECT: | Name of Lim | nted Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | GREGORY R. COHEN, E | SQ. | | | |
| | | Name of Person | | | |
| | COHEN NORRIS ET AL. | | | | |
| | | Firm/Company | | क | XEE SEE |
| | 712 U.S. HIGHWAY ON | F. SUITE 400 | | OCT 10 | 五量 |
| 712 U.S. HIGHWAY ONE, SUITE 400 Address | | 0 | N. S. | | |
| | NORTH PALM REACH | F1.33408 | | AM 10: 08 | |
| | TOXIII TOOM ODAGA | | | ਰ | |
| | zgproperties@yshoo.com | And it makes along and a shall a shall a | | 90 : | |
| • | E-mail address: (| to be used for future annual report notifi | cation) | | 3 |
| For further information co | oncorning this matter, please c | all; | | | |
| Gregory R. Cohen | | 561 844-3600 at (| | | |
| Name o | Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for th | e following amount: | | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | Confice to of Statu Certificate of Statu Certified Copy (additional copy is sacti | | |
| Registr | ING ADDRESS: ation Section n of Corporations | STREET/COURIS Registration Section Division of Corpora | 1 | | |

P.O. Box 6327 Tallabassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BEACH REALTY GROUP, LLC | | |
|---|--|-----------------------|
| Name of the Limited Liab | ility Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on 01/27/2010 | and assigned |
| Fionds document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lir | nited liability company here: | |
| | | * P 8 |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or the | aboreviation L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | DRESS) | 5 8元 |
| | | B Mac |
| | | 5. 5. |
| Enter new malling address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | P |
| (Million P Redricts (RAT III AT 037 0717 02 00 00 | | |
| | | |
| B. If amonding the registered agent and/or reg | istered office address on our records, ente | r the name of the new |
| registered agent and/or the new registered office ad | dress here: | |
| | | |
| 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 605, 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

Page 1 of 3

H160002499683

| IV-IV-IV IVIUIAM FRUM | 5 10:07am From- | 10-10-16 | ·10-16 10:07am | m Fr | om- |
|-----------------------|-----------------|----------|------------------|------|-----|
|-----------------------|-----------------|----------|------------------|------|-----|

T-858 P.04/05 F-340

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|----------|----------------|-------------------|----------------|
| MGR | JAMES PETRAKIS | 4007 MERRICK ROAD | □ Add |
| | | SEAFORD, NY 11783 | Remove |
| | | | Change |
| MGR | PETER PETRAKIS | 4007 MERRICK ROAD | 🛱 Add |
| ı | | SEAFORD, NY 11783 | □ Semov S |
| | | | OCTIANSE SS |
| | | | |
| | | | D Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| · ——— | | | D Add |
| | | | D Remove |
| | | | Change |
| | | | DAdd |
| | | | Remove |
| | | | ☐ Channe |

| 0-10-16 | 10:07am | From- | | | | T-858 P 05/05 | |
|---------------------------|--|---|--|--|--|--|-----------------------------------|
| D. If am | ending an | y other inform | ation, enter cl | ange(s) here: | (Attach additional shee | , | 1760- |
| | | ······································ | | | | | |
| | . | · | | | | | |
| | | | <u></u> | | | | |
| | | | | | | | |
| | | ************************************** | | -,,-,- | | <u></u> | |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | 16 po |
| | ······································ | | | | | | pczjio |
| , | | | | | | | JAM ID: 08 |
| | | | | | | | 8 PRO |
| | | | | | · | | - |
| Ф 12 <i>0</i> 0 | | | | ······································ | | | |
| (lf an ci <u>Note:</u> | feetive date is If the date | listed, the date mu inserted in this b | e date of filing at be specific and slock does not m Department of St | cunnot be prior to set the applicab | date of filing or more than 90 le statutory filing requirem | (optional) days after filing;) Pursuant u tents, this date will not be | o 605.0207 (3)(b) Usted as the |
| If the re (b) The | cord spec 90th day | ifies a delaye after the rea | d effective di cord is filed. | ate, but not a | an effective time, at : | 12:01 a.m. on the e | arlier of: |
| Dated | остове | R 5 | | 2016 | - - [][] X | y Jiny | <u> </u> |
| | PWTE | י פועגמיהמל | _ | | ed representative of a member | 21/ | I |
| | | CELKAAIS, I | MES PETRAK | Typed or printed t | _ | | |

Page 3 of 3

Filing Pee: \$25.00