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D. BRUCE

MAR 1 2011

EXAMINER

COVER LETTER

Division of Corporations BEACHVIEW REALTY GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HAL MULLINS Name of Person BEACHVIEW REALTY GROUP LLC Firm/Company P. O. BOX 165 Address SOUTHAVEN, MS 38671 City/State and Zip Code LINDA@MULLINSANDASSOCIATES.COM E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

Name of Person

For further information concerning this matter, please call:

HAL MULLINS

\$25.00 Filing Fee

TO: Registration Section

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IEW REAL IY GROUP		
(A Flo	ability Company as it now appea orida Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liabi Florida document numberL1000005146		05/13/2010 and assigned	
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company he	r <u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" or the abbrevia	_ tion
Enter new principal offices address, if applicabl	le:		_
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter the name of the	- - - - <u>1ew</u>
Name of New Registered Agent:			_
New Registered Office Address:	E.	tou Florida etropt addrass	_
	Enter Florida street address		
-	C	, Florida	
	City	Zin 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

	inager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DE PROJECT LLC	P O BOX 6382 MIRAMAR BEACH, FL 32550	Add Remove
		<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	Add Remove
	ong any other morniadon, enter e	minge(s) here: princes according to the constant	B 28 RATHASSEE.
			STATE STATE LORIDA
Dated	FEBRUARY 17	2011. Mc Buller	

Page 2 of 2

Filing Fee: \$25.00