

L100000061/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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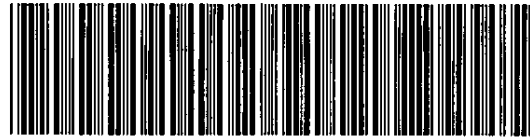
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -9 2014  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

K-9 Beach Resort, LLC  
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:

F. LORRAINE JAHN  
Name of Person

\_\_\_\_\_  
Firm/Company

**Law Offices of F. L. Jahn, P.A.**  
**3409 W. Lemon Street**  
**Tampa, FL 33609**

\_\_\_\_\_  
City/State and Zip Code

ljahn@sljlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

F. LORRAINE JAHN at (813) 574-6363  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
*already paid*
- ☐ \$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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2014

F LORRAINE JAHN  
LAW OFFICES OF F L JAHN PA  
3409 W LEMON ST  
TAMPA, FL 33609

SUBJECT: K-9 BEACH RESORT, LLC  
Ref. Number: L10000061123

RECEIVED  
14 DEC -9 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for K-9 BEACH RESORT, LLC and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 514A00024897

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

K-9 Beach Resort LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/7/2010 and assigned  
Florida document number L10000061123

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1116 W. Fig St.  
TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3409 W. Lemon St.  
Enter Florida street address  
TAMPA, Florida 33609  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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 TALLAHASSEE, FLORIDA  
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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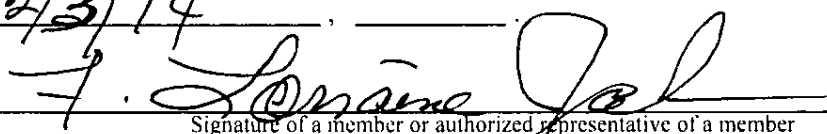
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/3/14



Signature of a member or authorized representative of a member

L. LORRAINE JAHN

Typed or printed name of signee

**FILED**  
14 DEC -9 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA