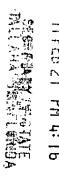
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# **COVER LETTER**

TO: Registration Division of C			· .				
SUBJECT: S	T AUGUSTINE BEAC	H VACATION RENTAL	_S LLC				
	Name of Limi	ted Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	F	RICHARD J ARNOLD					
	<del></del>	Name of Person	·				
	ST AUGUSTINE BEACH VACATION RENALS LLC						
Firm/Company							
303-B ANASTASIA BLVD #161							
Address							
ST AUGUSTINE FL 32080							
City/State and Zip Code							
Staugustinevacation@comcast.net  E-mail address: (to be used for future annual report notification)							
	E-mail address: (	to be used for future annual report notif	ication)				
For further information	n concerning this matter, please of	eall:					
RICHARD ARNOLD		at ( 904 )	687-3628				
Nam	e of Person	Area Code & Daytim	e Telephone Number				
Enclosed is a check fo	r the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

# ST AUGUSTINE BEACH VACATION RENTALS LLC (Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited L	iability Company)		
The Articles of Organization for this Limited Li Florida document number		were filed on	JULY 22, 2010	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	ility company he	<u>re</u> :	
	N/A			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	303-B ANASTASIA BLVD #161			
(Principal office address MUST BE A STREE				
		ST AUGUSTINE FL 32080		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered of	or registered of		our records, <u>ente</u>	the name of the new
Name of New Registered Agent:	OSEPH ARNO	)LD		
New Registered Office Address:	303-B ANAS	STASIA BLVD	#161 uter Florida street a	ddress —
	OT ALICHOTAIE			37080
		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing F	<b>16</b>			
I hereby accept the appointment as registered the provisions of all statutes relative to the p accept the obligations of my position as regis being filed to merely reflect a change in the is company has been notified in writing of this	roper and compl stered agent as p registered office	lete performance provided for in C	of my duties, and hapter 608, F.S. O	I am familiar with and or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

' 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 Title **Address** Type of Action <u>Name</u> **MGRM** RICHARD J ARNOLD 303-B ANASTASIA BLVD #161 \_ Add Remove Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 18TH** Dated\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00