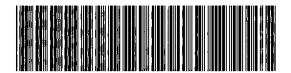
L10000100589

(Requestor's Name)			
,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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B. KOHR
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EXAMINER

SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT:	Florida	Beach Bar, LLC	Q.	
		ited Liability Company	ON COL	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	ON LAND	
Please return all corres	pondence concerning this matte	r to the following:	3	
		Christine C. Sancin		
		Name of Person		
		Florida Beach Bar		
		Firm/Company		
	6234 M	6234 Midnight Pass Road, Suite 409		
		Address		
	S	arasota, Florida 34242		
	obrio	City/State and Zip Code		
	E-mail address:	s.s@floridabeachbar.com (to be used for future annual report notif	ication)	
For further information	n concerning this matter, please	call:		
Christine C. Sancin Name of Person		at (941) Area Code & Daytim	400-6195	
		•		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Sectio	
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Beach Bar, LLC

17	
	1.3

(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 September 27, 2010 and assigned L10000100589 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Christine C. Sancin Name of New Registered Agent: 6234 Midnight Pass Road, Suite 409 New Registered Office Address: Enter Florida street address Sarasota . Florida

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.

City

M-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 **Type of Action** Address **Title** <u>Name</u> MGR Ronald G. Johnson 1717 Caribbean Drive ☐ Add Sarasota, Florida 34231 Remove Debbie Johnson MGR 1717 Caribbean Drive □ Add √ Remove Sarasota, Florida 34231 Add Remove Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15 2010 Dated_ Signature of a member or authorized representative of a member Christine C. Sancin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00