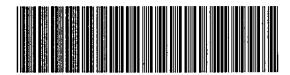
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EXAMINER

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Gina Delisa Bealton LLC. Name of Limited Liability Company
EIN: 27-4764867
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beal Living All Florida Beatty
993 SW 35th Street
Palm City, Florida 34990 Gity/State and Zip Code Ginadeli sa @ Comcast net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ona G. Delisa at (561) 248-9440 at Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

Gina Delis	a Realtor, UC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 11000010259</u> .	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile with the words "Limite" 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 off registered agent and/or the new registered office address here	ice address on our records, enter the names the new :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

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December 2 2011	De	cember 2	, <u>2011</u> .	

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Filing Fee: \$25.00