RESERVED 00050236

DEPARTMENT OF THE OFFICE OF THE PROPERTY OF TH			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

B. KOHR
JUL - 5 2011
EXAMINER



000209533370

07/06/11--01001--010 **25.00

DEFACTORIES STATE
OLVISION SECURION
TALLAHASSEE FLORIDA

RECEIVED

11 JUL -5 PM L.E.

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173
FILING COVER SHEET
ACCT. #FCA-14

CONTACT: **RICKY SOTO** DATE: 07/05/2011 **REF. #:** 000399.150791 CORP. NAME: FL BEACH CLUB SIESTA, LLC () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 540.504 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** _____ COST LIMIT: \$____

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

•

() CERTIFICATE OF STATUS

PLEASE RETURN:

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	FL Beach Club Siesta, L	LC	
(Name of t	he Limited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.)	
	Limited Liability Company were filed on	04/28/2011	and assigned
Florida document numberL	11000050236		
This amendment is submitted to ame	end the following:		
A. If amending name, enter the no	ew name of the limited liability company	y here:	
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability C	ompany," the designation "L	LC" or the abbreviation
Enter new principal offices address	ss, if applicable:		
(Principal office address MUST BE	A STREET ADDRESS)		
·			
Enter new mailing address, if appl	licable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
B. If amending the registered a registered agent and/or the new re	agent and/or registered office address egistered office address here:	on our records, enter t	he name of the new
Name of New Registered A	Agent:		
New Registered Office Ad	dress:		· .
		Enter Florida street add	ress
•		, Florida	Zip Code
	City		∠ıp Coae

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

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	<u>Name</u>	Address	Type of Action
MGR	Lawrence J. Fox	1343 MAIN STREET, SUITE 702 Sarasota, FL 34236	Add Remove
MGR	David Shoemaker	2601 Tamiami Trail South Sarasota, FL 34239	✓ Add ☐ Remove
MGR_	Fred Cochran	1343 MAIN STREET, SUITE 702 Sarasota, FL 34236	Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	<i>)</i>
 	July 5	2011	
	Mal	nber or authorized representative a member	
		Scott W. Dunlap, Esq. /	

Page 2 of 2

Filing Fee: \$25.00