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EXAMINER



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SECRETARY OF STATE
OIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** TRICIA TADLOCK DATE: 09/27/11 **REF. #:** 0399,154748 CORP. NAME: FL BEACH CLUB SIESTA, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY () LIMITED PARTNERSHIP () FOREIGN QUALIFICATION () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 541606 FOR \$ 25.00. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____

(XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

PLEASE RETURN:

Examiner's Initials

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF FL Beach Club Siesta, LLC

(Name of the Limite	ed Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	7.
The Articles of Organization for this Limited	Liability Company were file	d on 4/28/2011	and assigned
Florida document number L1100005	50236		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
			
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office addi	ress on our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street o	address
		, Florida City Zip Code	
New Registered Agent's Signature, if changing	•	,	Aip Code
registered Agent 3 signature, it changing	Acgistered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	proper and complete perfe	ormance of my duties, and	Lam familiar with and

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 Title Name Address Type of Action MGR Fred Cochran 1343 Main Street, Suite 702 ✓ Add Sarasota, FL 34236 Remove ☐ Add Remove _ ∏ ∧dd Remove Remove $\square \land dd$ Remove ∐∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Septem#er 27 2011 Dated gnature of a member or authorized representative of a member Soutt W. Dunlap, Esq., Authorized Representative of a Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00