L110006 56698

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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
CHID ID		at Beach Rentals LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Christa Kelli Sims		
			Name of Person	
		Venture Out Beach Rental	s LLC	
			Firm/Company	
		4341 Thomas Dr Box G19		
			Address	
		Panama City Beach FL 32	408	
			City/State and Zip Code	
		kellisims1@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	her information c	oncerning this matter, please ca	ail:	
Christa	Kelli Sims		850 2948379 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

Venture Out Beach Rentals LLC (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 May 13, 2011 and assigned Florida document number _____L11000056698 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Sims	4341 Thomas Dr Box G19	□ Add
		Panama City Beach FL 32408	■ Remove
			Change
			□ Add
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tive date, if other than the (date of filing:		; option	nal)		
ffective date is listed, the date must If the date inserted in this blo	be specific and cannot be price		more than 90 days after fi	ling.) P		
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December 14	2015					
December 14 Christa Kill	,	<u> </u>				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00