L11000060362

(Re	equestor's Name)		
(Ad	idress)	,	
(Ad	idress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	isiness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
	·		

Office Use Only

B. KOHR

SEP 2 9 2011

EXMINER



800212425838

09/29/11--01002--016 **55.00

DIVISION OF CORPURATIONS

T SEP 29 AMIL: 20

11 SEP 29 PM 12: 48

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

ACCT. #FCA-14

CONTACT:

Examiner's Initials

Kim Weidenbach

DATE:

09/29/11

REF. #:

000928.154889

SAND CASTLES ON MARCO BEACH, LLC changing its name to: CHILLAX, LLC CORP. NAME:

() ARTICLES OF DISSOLUTION

() ARTICLES OF INCORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLU
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION	ı	
() OTHER:		
	TH CHECK# <u>541429</u> CCOUNT IF TO BE DEBITI	
	COST LI	MIT: \$
PLEASE RETURN: (**) CERTIFIED COPY () C () CERTIFICATE OF STATUS	CERTIFICATE OF GOOD STANDING	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 SEP 29 PH 12: 48

SAND CASTLES ON MARCO BEACH, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

MAY 23, 2011 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L11000060362 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: CHILLAX, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
- The Rive Transien			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	SEPTEMBER 28 20	of Mark	
	Signature of 1 member	or authorized representative of a member	
	Organizate of 4 member	or washington representative of a monitor	

Page 2 of 2

Filing Fee: \$25.00