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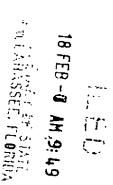
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# **Business Law Group**

ATTORNEYS & COUNSELORS

TELEPHONE: (310) 664-8000

FACSIMILE: (310) 510-6769

DENNIS J. HAWK

e-mail:
dennis@dhwk.com

SUFTE 205 3100 DONALD DOUGLAS LOOP NORTH SANTA MONICA, CALIFORNIA 90405-3089

January 29, 2018

### VIA US MAIL

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Amended Articles of Organization for Brentwood Pier, LLC

Dear Registration Section:

Enclosed are the original and one copy of the Amended Articles of Organization of Brentwood Pier, LLC, along with a check in the amount of and \$30.00, payable to the Florida Department of State, to cover the filing and processing fees.

Please have the Amended Articles filed as soon as possible and return to copy of the endorsed Amended Articles to me at the address set forth above.

If you encounter any problems filing these Amended Articles or have any questions concerning this matter, please call me at (310) 664-8000.

Kindest personal regards.

Very truly yours,

BUSINESS LAW GROUP

BY DENNIS J. HAWK

enc

\Florida Transmittal Itr

# **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Brentwood I	Pier, LLC		
SUBJE	:CT:	Name of Limi	ted Liability Company	
The end	closed Articles of A	umendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Brittany Liberty		
			Name of Person	
			Firm/Company	
		5036 Dr. Phillips Blvd., #3	14	
			Address	
		Orlando, FL 32819		
		brittliberty1@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	dl:	
BRITI	TANY LIBERTY		310 623-0963 at ()	
	Name of	Person	Area Code Daylime	S Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2.	5.00 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

Brentwood Pier, LLC		
(Name of the Limited Liability (A Florida I	y <u>Company as it now appears on our records.</u> Limited Liability Company)	(1,
The Articles of Organization for this Limited Liability Co Florida document numberL11000080662		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SEASIDE PIER, LLC		
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE  Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		·
Midding dauress MAT BE A POST OF FICE BOX)		: 00 : Th
B. If amending the registered agent and/or registered agent and/or the new registered office addre		The state of the s
Name of New Registered Agent:		(S) (S) (C)
New Registered Office Address:	P 4 P2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Enter Florida street address	
-		ridaZip Code
	City	Zip Code

### 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.

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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Effective date, if other than the	date of filing:				(optional)		
If an effective date is listed, the date mus	t be specific and cann	not be prior to	date of tiling o	r more than 90 da	vs after filing.) Pursua	nt to 605.	.02(
<u>Note:</u> If the date inserted in this bl document's effective date on the D	cpurtment of State	ine applicab 's records.	ie statutory n	iing requiremen	its, this date will no	t be fiste	:d a
he record specifies a delayed	l effective date	, but not	an effectiv	e time, at 12	::01 a.m. on the	earlie	2r (
The 90th day after the rec	ord is filed.						
JANUARY 25	20	018					
Dated	· _ · _		. •				
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Typed or printed name of signee

Filing Fee: \$25.00