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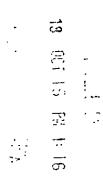
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COVER LETTER

Division of Co			
SUBJECT:	C BEACH REALTY LLC Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	ROSA MELER		
		Name of Person	
	MAJESTIC BEACH REAL	LTY LLC	
		Firm/Company	
	2625 WESTON RD #D		
		Address	
	WESTON, FL 33331		
	sandraberstein@gmail.com	City/State and Zip Code	
	E-mail address: (6	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	II:	
ROSA MELER		786 443-3795 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO: Registration Section

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**

MAJESTIC BEACH REALTY, LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company larida document number L11000082909	were filed on 07/19/2011	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
the Articles of Organization for this Limited Liability Companion or a document number Li 1000082909 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liable new name must be distinguishable and contain the words "Limited Liable new principal offices address, if applicable: Inter new principal office address MUST BE A STREET ADDRESS) After new mailing address, if applicable: Italiang address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered of the limited Liable new mailing address of the limited liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name of the limited liable new name o	2625 WESTON RD #D	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33331	
	2625 WESTON RD #D	P. J.
nter new mailing address, if applicable:	 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33331	
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	ANA D STEINMAN	12900 SW 133rd CT	
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ctive date, if other than the c	09/30/2018 date of filing:	(	optional)	
ctive date, if other than the ceffective date is listed, the date must if the date inserted in this blo	be specific and cannot be prior	o date of filing or more than 90 days	s after filing.) Pursuant to	5 605.0
ment's effective date on the De		ore statutory ming requirement.	s, this date will not be	11,7123
ecord specifies a delayed se 90th day after the reco		an effective time, at 12:	01 a.m. on the ea	arlier
d OCTOBER 8th	2875			
	1/1///			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00