L110000089174

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
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ZOII SEP 23 AM 8: 36
SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 26 2011

COVER LETTER

то:	Registration S Division of Co						
SUBJE	ECT:	Beach Ret	reat Resorts, LLC				
		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		· · · · · · · · · · · · · · · · · · ·	Susan P. Rushing Name of Person	·			
			, can be on the control of the contr	,			
	Firm/Company		.,				
	P.O. Box 698			≅s	20		
			Address		LLA+	2011 SEP 23	
	Destin, FL 32540			TAR ASS	2	1	
		ruet	City/State and Zip Code ninghomes@yahoo.com		FT3 C		17
		E-mail address: (to be used for future annual report notific	ation)	OF STATE	8 HV	4
For fur	ther information	concerning this matter, please of	all:		RIDA	8: 36	
4		ısan Rushing	at ()	65-4434	<u> </u>		
	Name	of Person	Area Code & Daytime	Telephone Number			
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))		
	Regist Divisi	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat				
P.O. Box 6327 Tallahassee, FL 32314		30x 6327	Clifton Building 2661 Executive Cent	ter Circle			

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Beach Retreat	Resorts, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear: .iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000089174	were filed on	08/03/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
Medicare Plan A	dvisors, LLC		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			ZZI SE
(Principal office address MUST BE A STREET ADDRESS)			SE H T
			ASS P
Enter new mailing address, if applicable:			T() 3
(Mailing address MAY BE A POST OFFICE BOX)			927 99 T
			5 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			·············
New Registered Office Address:		· ···	
	Enter Florida street address		
		, Florida	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	-, , , , , , , , , , , , , , , , , , , 		Add Remove
/			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
<u></u>		ALLA	- 2011
Dated	September 21 2	MASSET OF STATE	FILED WILSEP 23 MM 8:
	Susa	er or authorized representative of a member an P. Rushing, MGMR dor printed name of signee	M 8: 36

Page 2 of 2

Filing Fee: \$25.00