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(Re	equestor's Name)	
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JAN 16 2015 D. BRUCE

COVER LETTER

77

TO: Registration Section Division of Corporations
SUBJECT: BEACH SIDE REAL ESTATE SOLUTIONS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Stewart Name of Person
Firm/Company
126 Brandy Hills Dr. Address
Port Orange FL. 32129 Scity/State and Zip Code
E-mail address: (to be used for fugure annual report notification)
For further information concerning this matter, please call: Robert Stawart
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the 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

BEACH SIDE REAL ESTAT (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.	<u> </u>
The Articles of Organization for this Limited Liability Company we Florida document number \(\frac{L 11000095827}{\}\).	ere filed on 3-1-201	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability LIFE WORKS GLOBAL NETWOR The new name must be distinguishable and end with the words Limited Liability	K LLC	or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, Enter Florida street address	2015 JAN -6 Pot the Thew SECRETARY OF STATE OF S
	, Flor	
Now Designational Assertic Circulature 18 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	rformance of my duties, and vided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
<u></u>	- <u></u>		Add
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effective d	ite must be specific, o	the date of filing:	receipt of filed tate a	and cannot be more than 90	optional) days afte r
	inuary l	•	2015.		
	/	Robert	Steun	£	
		Signature of a mem	ber or authorized ren	presentative of a member	

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Filing Fee: \$25.00

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