## L11000108428

Office Use Only



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2011 OCT -3 PM 2: 00 SECKEIKRY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

EXAMINER

## **COVER LETTER**

Division of Corp	porations		
SUBJECT:	Beach Bar	Investment, LLC	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	-	
		William Hillman	
		Name of Person	
	Bea	ch Bar Investment, LLC	
		Firm/Company	
	29	10 Darthmouth Ave N.	
		Address	······
	St.	Petersburg, FL 33713	
		City/State and Zip Code	
	E-mail address: (t	vwh59@yahoo.com o be used for future annual report notifical	tion)
For further information co	oncerning this matter, please co		·
Will Name of	iam Hillman	at () Area Code & Daytime T	alanhara Numbar
Name of	rerson	Area Code & Daynme 1	erepnone Number
Enclosed is a check for the	e following amount:		
<b>✓</b> \$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

FILED
2011 OCT -3 PM 2:00
SECNETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited List Florida document numberL11000108		September 22, 2011 and assigned	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Cor	npany," the designation "LLC" or the abbrevia	_ tior
Enter new principal offices address, if applica	ıble:		_
(Principal office address MUST BE A STREE	T ADDRESS)	•	_
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE )	<u> </u>		_
			_
B. If amending the registered agent and/o registered agent and/or the new registered of		n our records, <u>enter the name of the i</u>	<u>164</u>
Name of New Registered Agent:			_
New Registered Office Address:	AND TO SERVICE STATE OF THE SE		
	Enter Florida street address		
		, Florida	_
	Citv	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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MMGR	William Hillman	2910 Darthmouth	Add
		St. Petersburg, FL 33713	Remove
MMGR_	James Hartley	3911 Bayshore Blvd. NE	✓ Add
		St. Petersburg, FL 33703	Remove
			Add
			Add Remove
<del></del>			Add Remove
		<del></del>	
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessa	 ury.)
_			7011 7011
			FILED 2011 OCT -3 PM SLUGATARY OF
_			FILED CT-3 PH
`	······································	<del></del>	
Dated Se	ptember 29,	2011	2: 00 STATE LORIDA
	Signature of a p	ember authorized representative of a member	
		James Hartley Typed or printed name of signee	
	V	Types of printed failed of signed	

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Filing Fee: \$25.00