

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000294241 3)))



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To:	Division of Corporations	;- <u> </u>
	Division of Corporations	🕭 တ
	Fax Number : (850) 617-6383	
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From:	·	\sim
	Account Name : CSH SERVICES, LLC	근 ***
	Account Number: I20070000160	, N
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	Fax Number : (561) 455-9885	

DEC 16 AM 11: 36 GRETARY OF STATE LAHASSEE, FLORIN

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RE/MAX BEACHES LLC

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D. BRUCE

DEC 19 2011

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H11000294241 3

RE/MAX BEA	ACHES LLC				
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appearation in the state of the	rs on our records.)		_	
The Articles of Organization for this Limited Liability Company	were filed on	10/25/2011	and	d assig	ned
Florida document number <u>L11000121867</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabl	llity company he	<u>re</u> :			
DASSA REALTY LLC					
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Comp	any," the designation	"LLC" or	the abl	breviatio
Enter new principal offices address, if applicable:	2060 W HIGH	WAY 30A, STE 112	25.0		
(Principal office address MUST BE A STREET ADDRESS)	SANTA ROSA	BEACH, FLORIDA	32459	330	-17
			ASSE.	o)	
Enter new mailing address, if applicable:	2050 W HIGH	WAY 30A, STE 112	<u>ō.</u>	<u>></u>	\Box
(Mailing address MAY BE A POST OFFICE BOX)	SANTA ROSA	BEACH, FLORIDA		=	
			ATE A	2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the nar	ne of	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	. (<i>E</i>	Inter Florida street t	waress)		
	Cini	, Florida _	(7in	Code)	
	(City)		(Lip	Coue)	

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)

MGR = M	anager	d or removed from our records:	H11000294241 3
	Managing Member	4.33	T
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			- I TOURING VO
	·		Add
			Romovo
			
 			38
			
D. If amer	iding any other informa	ation, enter change(s) here: (Attach additional she	ets, if necessary.)
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Dated De	ECEMBER 15	, 2011	FROM ST
			STATE STATE
	Sig	nature of a member or authorized representative of a me	ember
		SHAY DASSA Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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