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SECRETARY OF STATES

J. SAULSBERRY EXAMINER

FEB 9 2012

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT: 4	q CINNA!	YOU BEACH, L.	,-C-
3000	C1.	Name of Limi	ited Liability Company	
The end	closed Articles of Ai	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		O 10		
		SIEVE	= MILO	·
			Name of Person	
		<u>49</u> C	INNAMON BEACH, C	<u>-L.C.</u>
		•	Firm/Company	
		417 (OCEAN BLVD. Address	201 TA:S
			Address	ECR 7
		ATUAN	Address ITC BEACH, FL 3 City/State and Zip Code E MILO 2 e qua to be used for future annual report notifical	FILL SECRETARY OF STATE TALLAHASSEE, FLORID
			City/State and Zip Code	mo D
		STEV	EMILOZe gma	al, compres
		E-mail address: (to be used for future annual report notifica	tion)
For furt	her information con	cerning this matter, please of	eall:	A P
S	TEVE M		at (904) 707 - Area Code & Daytime T	
	Name of P	erson	Area Code & Daytime I	elepnone Number
			•	
	d is a check for the			
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	M A II IN	C ADDPESS.	STREET/COURIEI	P ADDRESS.
	Di	G ADDRESS:	Designation Costion	ADDINESS.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

850 245 - 6051

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

49 CINNAMON	3E12H, L	-L-C.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears or ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number LIX 00000 9.8 6	were filed on/_	/3/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company,	' the designation "LLC'	or the abbreviation
Enter new principal offices address, if applicable:		, AL SE	20
(Principal office address MUST BE A STREET ADDRESS)		L CR	7 7
		AS S	(b)
		E G	
Enter new mailing address, if applicable:		FL	A ()
(Mailing address MAY BE A POST OFFICE BOX)		TATE- ORIDA	8: 32 22
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:		ri · i	
	Enter Florida street address		
		, Florida	7: C. I
	Citv	Z	lip 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>JERM</u>	MARK S. MONGON	416 SEBASTIAN SQ.	Add Remove
			Add Remove
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary)	Add Remove FIL
		ORIDA	8 0
Dated	26 b , 20	<u>12</u> .	_
-	MARKS. NOI	or authorized representative of a member NGON r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00