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SECRETARY OF STATE
TALLAHASSEE E STATE

D. BRUCE
AUG 0 2 2012
EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporation	ls .	
SUBJECT: BEACH	RN CENTER LLC	
Name of Limited Liability Company		
The enclosed Articles of Amendm	nent and fee(s) are submitted for filing.	
Please return all correspondence c	concerning this matter to the following:	
	CHRISTOPHER DAVIS Name of Person	
	Name of Person	
	BEARLI RU CESTER	
	BEACH RU CENTER Firm/Company	
	17649 SAN CARLOS BLUD Address	
	Ft Myers Berch FL 33931 City/State and Zip Code	
	City/State and Zip Code	
RA	ACDDAVIS @ YANGO. COM AR 音	
	E-mail address: (to be used for future annual report notification)	
For further information concerning	City/State and Zip Code ACDDAUIS Q YAMOD. COAN E-mail address: (to be used for future annual report notification) g this matter, please call: Area Code & Daytime Telephone Number	
	at (339) 243 8536 ST - Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount:	
\$25.00 Filing Fee \$30	.00 Filing Fee & \$\int\\$55.00 Filing Fee & \$\int\\$60.00 Filing Fee,	
c	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	
	(additional copy is enclosed) (additional copy is enclosed)	
MAILING ADI		
Registration Sec Division of Corp		
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH RY CENTER			
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL1200005445>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
<u> </u>			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Philipping		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	AS 1	
VI. 4		AUG - 1 CRETAR) LAHASSI	
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)		© ≠ ··	
		9m _	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:	Financial Color	da atrant addrona	
	Enter Florida street address		
	City	, Florida 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, Signatury of New Registered Agent

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 **Title Name Address** Type of Action Nicholas R. Davis CHRISTOPHER ET DAVIS MM 17649 SAN CARLOS BLUD ET MYERS BEACH EL 33931 ☐ Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member CHRISTOPHER EJ. DAVIS

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee