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LEGGETT

COVER LETTER

TO:		istration Sectision of Corp			
CTID II	cær.	2802 CHAT	EAU BEACH, LLC		
SUBJI	ECT:		Name of Limi	ted Liability Company	
The en	iclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return	all correspond	dence concerning this matter t	to the following:	
			EZEQUIEL FISCHER		
				Name of Person	
			EZEQUIEL FISCHER PA	4	
Firm/Company					 _
1000 E HALLANDALE BEACH BLVD, SUITE 28					
Address					
			HALLANDALE BEACH, I	FLORIDA 33009	
			EFISCHER@CPA.COM	City/State and Zip Code	
			E-mail address: (t	o be used for future annual report notific	eation)
For fu	rther ir	formation cor	ncerning this matter, please ca	11:	
EZEC	UIEL	FISCHER		305 527-3503 at ()	
		Name of I	Person	Area Code Daytime	Felephone Number
Enclos	sed is a	check for the	following amount:		
■ \$2	25.00 F	iling 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 ARTICLES OF ORGANIZATION **OF**

2802 CHATEAU BEACH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	nis Limited Liability Company were filed on 04/23/2012	
orida document number L12000054620		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
05 SUFRSIDE INVESTMENT, LLC		
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "the abbreviation"
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS		2.— ↓ 2.7
iter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		., u
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered		enter the name of the
If amending the registered agent and/or registered gistered agent and/or the new registered office address by Name of New Registered Agent:		enter the name of the
If amending the registered agent and/or registered gistered agent and/or the new registered office address h		enter the name of the
. If amending the registered agent and/or registered egistered agent and/or the new registered office address begistered of New Registered Agent:	Enter Florida street address	enter the name of the da

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Remove
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			Add
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ctive date, if other than the deffective date is listed, the date must be: If the date inserted in this blockment's effective date on the Dep	be specific and cannot be prior to date of fi ck does not meet the applicable statut	filing or more than 90 days a	ptional) after filing.) Pursu this date will no	ant to 605. of be liste
record specifies a delayed one 90th day after the record	effective date, but not an efferd is filed.	ective time, at 12:0	1 a.m. on th	e earlie
JUNE 11	2018			

Page 3 of 3

Filing Fee: \$25.00