## L12000/58635

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·	
		,	

Office Use Only



700242166507

01/07/13--01051--025 \*\*60.00

8 2013 8 - NAL T. HAMPTON

## COVER LETTER ·

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company  Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Rower Reson	
	Firm/Company	
	TO Box 189 19211 Panama City Beach Ho	U
	TO Box 189 19211 Panama City Beach Ho Panama City Beach, FL 32413.	1
	ikh	
For fur	ther information concerning this matter, please call:	
	Name of Rorson at Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
\$25	5.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\ \text{Certified Copy} \\ \text{(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 TO ARTICLES OF ORGANIZATION OF

36-A Beac	n Investi	mevus			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on out lability Company)	r <u>Fecords.</u> )			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12606157635</u> .	were filed on 17 16	and assigned			
This amendment is submitted to amend the following:		- 特別 			
A. If amending name, enter the new name of the limited liabi	lity company here:	<b>三</b> 第5			
The new name must be distinguishable and end with the words "Limit" "L.L.C."	Led Liability Company," the	designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	19211 Parama (	City Beach, FL			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. Bo 19211 Pain Braina Cita	X 189 ama City Beach Hourd Beach, FL 30413			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
Name of New Registered Agent:  New Registered Office Address:	SAME Enter Flor	AS OFICINALLY ida 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 in the limited liability company has been notified in writing of this change.

If Changing Represented Agent, Signature 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 (name change for managing member) MGRM = Managing Member **Title** Name Type of Action R. GROWER **MGRM** Remove ☐ Add Remove Add Remove  $\square$ Add Remove  $\square$ 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 membe

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00