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(Re	questor's Name)					
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
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COVER LETTER

TO: Registration Section Division of Corporations egacy Beachfront Properties, LLC. Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jared Meyers Name of Person Vacation Planners Firm/Company 8451 Palm Parkway Address Orlando, Fl 32839 City/State and Zip Code meyersjar@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jared Meyers Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & □ \$60 Filing Fee, \$25 Filing Fee □ \$30 Filing Fee &

Certificate of Status &

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nt to section 608.4115, I ss days to correct the <u>at</u> da.		mization or appli	cation to transact	business
<u>FIRST</u>	: The name of the	e limited liability comp	pany is: Prope	acy Beach	
SECO	ND: The articles of o	organization or the app	•		
<u>(CH</u>	ECK THE APPROPRIA	ATE BOX AND COMP	LETE THE APP	LICABLE STAT	EMENT ·
	Contains an incorrect sincorrect, and the corre vacation Planners, Inc. was listed as MC	cted statement are as for	ollows:		
	Please revise your	information to show	v Vacation Pla	nners as the m	nanager.
	<u>OR</u>				
	Was defectively signed the appropriate correction		h the document w	vas defectively sig	gned and
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				di ?? ?*V	R 2 0
Dated:	February 1		2013	Š	Section Co.
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	Jared Me		i representative o	or a member	
	Jaica M	Typed or printed na	me of signee		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optio	onal)	