

L13000050064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACHSIDE Property Management LLC
Name of Limited Liability Company

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13 JUL - 1 PM 4:28
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth White
Name of Person

Beachside property mangment LLC
Firm/Company

4626 Harbour Village Blvd Unit 3507
Address

Ponce Inlet- FL 32127
City/State and Zip Code

Bethwhite111@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth White at (386) 341-0145
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 4-5-13

Florida document number L13000050064

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4626 Harbour Village Blvd
Unit 3507
Ponce Inlet - FL - 32127

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:

Donald C. Bullock
600 Chocklaw St

New Registered Office Address:

Lake Mary Florida 32746
City Zip Code

Enter Florida street address

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.

DC Bullock

If Changing Registered 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

MGRM = Managing Member


| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| mgrm | Donald Bullock | 600 Chocktaw St Lake Mary Fl 32746 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| mgr | Elizabeth White | 4626 Harbour Village #3507 Ponce Inlet Fl 32127 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change spelling in
Management to management

Dated 6-13-13, _____



Signature of a member or authorized representative of a member

Beth White

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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