113000062628

(Req	uestor's Name)	
(Add	ress)	
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(OH.)	101-1-17: IDI	-40
(City	/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
, None	—	
(Bus	iness Entity Nar	ne)
(Doo	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	
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Office Use Only



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SCREARY OF STARE HALLAHASSEE, FLORIBA

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June 21, 2013

DAVID ROBINSON AF BEACH LLC 11915 BEACH BLVD. STE 116 JACKSONVILLE, FL 32246

SUBJECT: AF BEACH LLC Ref. Number: L13000062628

We have received your document for AF BEACH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 613A00015667

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVERLETTER

TO: Registration Sec Division of Corp			
SUBJECT: AF BE	each LLC		
	Name of Limited Liability Company		
	3.		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please retuin all correspon	dence concerning this matter to the following:		
J. 324	David Robinson		
	Name of Person		
~~ ~	AF Beach LLC		
	Firm/Company		
	11915 Beach Blvd Ste 116		
	Address	200	
	Jacksonville FL 32246	2013 JEN ECCRED	
	City/State and Zip Code	20 ASS	
	davesdodge62@hotmail.com		
	E-mail address: (to be used for future annual report notification)	PM 2 27	ξ,
For further information con	hong this matter, please call:	22	
David Robin	son 904,553-5570		
Name of I	Person Area Code & Daytime Telephone Number	<u> </u>	

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 ARTICLES OF ORGANIZATION **OF**

AF Beach LLC		
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I		
Florida document number L13000062628		•
P 79	 '	
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>iere</u> :
The new name must be distinguishable and end w	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviati
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		2013
Enter new mailing address, if applicable:		A REPORT OF THE PROPERTY OF TH
Mailing address MAY BE A POST OFFICE		2 I
	170117	me n im
		77
3. If amending the registered agent and	/or registered office address or	our records, enter the name of the n
<u>egistered agent and/or the new registered o</u>	office address here:	\$ 127 m
, 4 3,	5 · 5 ·	
Name of New Registered Agent:	Darby Frick	
New Registered Office Address:	11915 Beach Blvd Ste 1	
		Enter Florida street address
	Jacksonville	Florida 32246
	City	Zip Code
New Registered Office Address: New Registered Agent's Signature if changing	Jacksonville City	Enter Florida street address , Florida 32246

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.

Page 1 of 3

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address Type of Actio		
MGRM Billy Frick		6205 SPRING FORREST CIRCLEAdd		
**************************************	en with the second of the sec	JACKSONVILLE, FL 32216 Remov		
MGRM	Darby Frick	6205 SPRING FORREST CIRCLE Add		
		JACKSONVILLE, FL 32216 Remov		
		Add		
	A	Remov Remov 20 20		
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6/27/13	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00