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SECRETARY OF STATE

COVER LETTER

TO: **Registration Section** ाक्ष Division of Corporations Flagler Beachside Suites LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Thomas Name of Person Firm/Company PO Box 1714 Address Flagler Beach, Fl 32136 City/State and Zip Code stevethomasrealtor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 386₅503-8171 Steven Thomas 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,
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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

Flagler Beachside Suites LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L13000081751		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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> **Address Type of Action** Scott Mulligan PO Box 1714 **MGRM** Flagler Beach, Fl 32136 Remove Remove Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
.;	
•	
Dated	,
	file In
	Signature of a member or authorized representative of a member
	Steven Thomas

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00