L13000091497

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B. BOSTICK NOV **2** 1 2013

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** Docyourhome 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: Matthew Gilligan Name of Person DocyourhomeLLC Firm/Company 105 Oakwood Road Address Jacksonville Beach Florida 32250 City/State and Zip Code MatthewJTGilligan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew Gilligan Name of Person Enclosed is a check for the following amount: □\$60.00 Filing Fee, ☐ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee &

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MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Florida document number L13000091497	Company were filed on 6/25/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Beaches Hospitality Solutions LLC			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		<u> </u>	
		LAHA VON 1	
Enter new mailing address, if applicable:		ιών ι νν ***	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		n	
		——— <u>G</u> .: 4.	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida st	reet address	
		orida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Docyourhome LLC

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 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>	Name	Address	Type of Action
-			Add
			Remove
			
			Add
		Remove	
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			0¥ 20
		Add Remove	
		Remove	
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			Kemove

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	11 15 13
	Signature of member or authorized representative of a member
	Typed or printed name of signce

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Filing Fee: \$25.00

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