

L13000133850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 11 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. AUG 12 2014

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B&E Paradise Rentals

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:

Bobby Morris

Name of Person

Sky High Areil Photography LLC

Firm/Company

111 Courtyard Drive

Address

Santa Rosa Beach, Florida 32459

City/State and Zip Code

bobbydiver@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Morris

850

390-4124

at ( )

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

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 AUG 11 PM 3:07

B&E Paradise Rentals LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 24 2013 and assigned  
Florida document number L13000133850.

This amendment is submitted to amend the following:

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

Sky High Ariel Photography LLC

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:

same as existing address

(Principal office address MUST BE A STREET ADDRESS)

111 Courtyard Drive Santa Rosa Beach, FL  
32459

Enter new mailing address, if applicable:

Same as above

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 605, 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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Elizabeth Karim Morris	111 Courtyard Drive	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach Florida, 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10th day of July 2014

Bobby Morris

Signature of a member or authorized representative of a member

Bobby Morris

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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