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Registration Section
Division of Corporations

SHRIFCT:

353BEALPARKWAY, 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:

D. MICHAEL CHESSER, ESQ.

Name of Person

CHESSER & BARR, PA

Firm/Company

1201 EGLIN PARKWAY

Address

SHALIMAR, FL 32579

City/State and Zip Code

MIKE@CHESSERBARR.COM

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

For further information concerning this matter, please call:

LISA TROELL

850 651-9944

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

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con	npany were filed on OCTOBER	R 15, 2013 and assigned
Florida document number L13000145267		
This amendment is submitted to amend the following:	registered office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limite	d liability company here:	
353 BEAL PARKWAY, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	20 FA
(Principal office address MUST BE A STREET ADDRE	<u></u>	TO B
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		55 5
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** Remove Remove PM L: Remove Remove Remove

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
 !	Octobre 17, 2013.
·	$\frac{1}{2}$
	minum Chance
	Signature of a member or authorized representative of a member
	D. Michael Chesser
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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