## L13000169258

(Re	equestor's Name)	
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·	ty/State/Zip/Phone	: #)
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SECRETARY OF STATE

DEC 2 0 2013 T. HAMPTON

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Beach Home Paradise SG-103, 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:

Kary Andrews
Name of Person
Firm/Company
8910 Eagle Watch Dr.
Address
Riverview, FL 33578
City/State and Zip Code
karyandrews@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kary Andrews

ູ, 813 ເ**299-530**7

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

Name of the Limited I	Liability Company as it now appears on our recor- Florida Limited Liability Company)	<u>ds.</u> )
——— (A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L13000169258</u>	ability Company were filed on December 6, 2	7013 TAL
This amendment is submitted to amend the follow	wing:	FILED 2013 DEC 18 PH 1 SECRETARY OF S
A. If amending name, enter the new name of	the limited liability company here:	THE R IN
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	BOX)	
0 0 0	r registered office address on our records,	enter the name of the nev
registered agent and/or the new registered off	fice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	rida
	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, 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>	<u>Address</u>	Type of Action
MGRM	Teresa Dean	110 W. Morrell Dr	Add
		Plant City, FL 33563	Remove
			Add
			Remove
			— —
<del></del>			Add Remove
			F S T Add
			Remove
			<u> </u>
			Add
			Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D
December 17, 2013 . 2013 .
Like
Signature of a member of authorized representative of a member
Kary Andrews
Typed or printed name of signee
Dago 2 of 3

Filing Fee: \$25.00

FILED
2013 DEC 18 PM 1: 24
SECRETARY OF STATE
TALLATIASSEE FLORIDA