# 1300169258

(Re	equestor's Name)	
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OCT 13 2015

C. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beach Home Paradise 56-103, 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 D1. Address
River View FL 33578  City/State and Zip Code
Karyandrews Verizon, net 3 T E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vary Andrews at (813) 299-5307  Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	_	
The Articles of Organization for this Limited Liability (	Company were filed on Dec	$\frac{2013}{2013}$ and assigned
Florida document number <u>L130001692</u>	58	•
Tional document number	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	N N M
B. If amending the registered agent and/or regis	stered office address on our	records, enter the name of the new
registered agent and/or the new registered office add	lress here:	55 W
		23
Name of New Registered Agent:		100 Cap
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed 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

If amending or removed f	Authorized Person(s) authorized to mai	nage, enter the title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mbrm	Teresa Dean	110 W. Morrell Dr.	
		Plant City, FC 3356	23□ Remove
	T Ad Adda	2010 to 10 10 10	Change
MGRM	E. ANT MURREUS	8910 Eagle Watch! Riverview, FL 3	)(. DAdd
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an efi Note:	ive date, if other than the date of filing:  [cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed then it's effective date on the Department of State's records.	)207 (3)( I as the
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	10/9/15	
	Signature of a member or authorized representative of a member	
	Kary Andrews Typed or printed name of signee	

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Filing Fee: \$25.00