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T. HAMPTON

COVER LETTER

TO:	egistration Section ivision of Corporation		
SUBJEC	_{T:} 274-266		

GOLDEN BEACH, 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:

Howard B. Nadel Name of Person Howard B. Nadel, P.A. 301 W. Hallandale Beach Blvd. Hallandale Beach, Florida 33009 City/State and Zip Code

hnadel@rnflaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard B. Nadel

at (954) 455-5100

Area Code Daytime Telepho

Name of Person

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

274-266 GOLDEN BEACH, LLC

company has been notified in writing of this change.

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

• • •
Liability Company were filed on 1/10/2014 and assigned
31
ollowing:
e of the limited liability company here:
RPRISES, LLC
the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
plicable:
EET ADDRESS)
CE BOX)
STATION STATION
O _A
nd/or registered office address on our records, enter the name of the identifice address here:
Enter Florida street address
, Florida
City Zip Code
ng Registered Agent:
ered agent and agree to act in this canacity. I further agree to comply with
, Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
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			2014 EB - SECRETA TALLAHAS
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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed e date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
e date this document is filed by the Florida/Department of State)	(optional) date and cannot be more than 90 days after
e date this document is filed by the Florida/Department of State)	(optional) date and cannot be more than 90 days after .
e date this document is filed by the Florida/Department of State)	
Mila Jale	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
ANASSEF, FLORID