L14000008416

(Rec	uestor's Name)	
(Add	iress)	
/A 1.		
(Add	lress)	
(City	/State/Zip/Phone	e #)
	·	·
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	• • • • • • • • • • • • • • • • • • • •

Office Use Only



600259791176

05/07/14--01002--020 **30.00



1 SHIVERS MAY 1 3 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BEACUSIDE HOSPIT	00. 602.0.116	
	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
	-	
Please return all correspondence concerning this matter	to the following.	
11.000		
MICHAEZ FOL	Name of Person	
	Firm/Company	
	runicompany	
11201 CORPORT	Address STE. 100)
	Address	
ST PETRISBU	RU .FZ 33716	
	City/State and Zip Code	
office @ crow	City/State and Zip Code Sybills. Com to be used for future annual report notifi	ootion\
		canon)
For further information concerning this matter, please ca	aii:	
MICHOEL FOREE	at (727) Z10 -0	୧ ୪୫
Name of Person	Area Code 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,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIE	ER ADDRESS:
Registration Section	Registration Section	1
Division of Corporations P.O. Box 6327	Division of Corpora Clifton Building	itions
Tallahassee, FL 32314	2661 Executive Cen	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krabbycinz, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1/15/14 and assigned
Florida document number L1400008416
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Beachside Hospitality Group, 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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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 no
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida Co.
City Si Zip Code
Naw Bagistarad Agant's Signature if changing Bagistarad Agant

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 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 = AMBR =	Mana Auth	ger orized Member		
<u>Title</u>		<u>Name</u>	Address	Type of Action
				□ Add
				Remove
				☐ Remove
				3
	,			
		, , , , , , , , , , , , , , , , , , , 		Add Remove
				Add
				Remove
				Remove

-		
	, "	
The effective date must be specific, cannot be prior to date	of receipt or filed date and cannot be more than	(optional) 90 days after
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than	(optional) 90 days after
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department Dated April 27 Signature of a management	of receipt or filed date and cannot be more than f State)	90 days after

Page 3 of 3

Filing Fee: \$25.00

