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(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	> #)
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JUN 1 1 2014

T. BROWN

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	Beach	Managemen	t LLC	
SUBJE		Name of Limi	ted Liability Company	
The end	closed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	ence concerning this matter t	to the following:	
		Robert M. Bi		
		Danah Mana	Name of Person	
		Beach Mana	igement LLC	
		7510 Thoma	· ·	
		7510 IIIOIIIa	as Drive Suite C	
		Danama City		ΛΩ
		Panama City	Beach, FL 324 City/State and Zip Code	
			ony out and my	
		E-mail address: (t	o be used for future annual report noti	fication)
For fur	ther information con	cerning this matter, please ca	all:	
Ro	bert M. Bi	rown	_{at (} 850 ₎ 274-8	687
	Name of P	erson		e Telephone Number
Enclose	ed is a check for the	following amount:		
5 \$25	5.00 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**

-	AMENDMENT O ORGANIZATION OF Inv as it now appears on our records.) Liability Company)
,	ORGANIZATION AND SELECTION
U	
Beach Management LLC	Soft of the
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)
	ADA.
he Articles of Organization for this Limited Liability Company	were filed on January 23, 2014 and assigned
lorida document number L14000012979	
his amendment is submitted to amend the following:	
_	
. If amending name, enter the new name of the limited liab	ility company here:
ne new name must be distinguishable and end with the words "Limited Liab	
nter new principal offices address, if applicable:	7510 Thomas Drive
Principal office address MUST BE A STREET ADDRESS)	Suite C
	Panama City Beach, FL 32408
nter new mailing address, if applicable:	7510 Thomas Drive
Mailing address MAY BE A POST OFFICE BOX)	Suite C
	Panama City Beach, FL 32408
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
restored agent and or the new registered office address her	<u>v</u> .
Name of New Registered Agents	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florída street address , Florida

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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marisela Brown	126 Seagrass Way	
		Panama City Beach, FL	■ Remove
		32407	<u> </u>
			□ Add
			Remove
			_
			□ Add
			Pemove
			_
			_□ Add
			_□ Remove
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			_
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			_□ Remove
			_

a mending any other intermetten, enter	r change(s) here: (Attach additional sheets, if necess) .,
.		
the date this document is filed by the Florida Depart	ling:(option of date of receipt or filed date and cannot be more than 90 days after ment of State)	ai) er
May 23	2014	
Dated Way 20	MA M.	
Signature o	f a member of authorized representative of a member	
Robert M. Brown		
	Typed or printed name of signee	

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Filing Fee: \$25.00