# L140000 40971

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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporation

Beaches Oktoberfest, 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:

Joshua A. Woolsey

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd., Suite 1500

Jacksonville, FL 32207

City/State and Zip Code

jwoolsey@rtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Joshua A. Woolsey

Name of Person

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

Beaches Oktoberiest, LLC	•	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L1400040930		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and end with the words "Limited Liability	ty Company," the designation "LLC" or the abl	previation "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 registered agent and/or the new registered office address here:	ce address on our records, enter t	ne name of the new
Name of New Registered Agent:		SEES TO SEE TO SEES TO SEE TO S
New Registered Office Address:		2 7
	Enter Florida street address	
	, Florida	Elp Coops
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, ij	miliar with and this document is

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	Charles Wagoner	4925 Harvey Grant Road	_ ■ Add
		Fleming Island, FL 32003	3_□ Remove
			Remove
			□ Add
			_□ Remove
			_□ Add
		ASS	Approve
			Remove
			_
			_□ Add
			_□ Remove

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Filing Fee: \$25.00

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