

L14000052225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

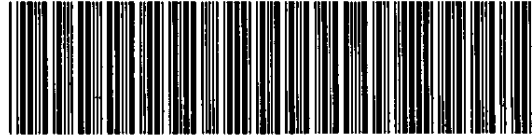
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L14-52225
Amend

04/07/16--01012--006 **25.00

16 APR -7 PM 3:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR -8 2016

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REEF BEACH SERVICES 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:

MARK A. VIOLETTE

Name of Person

MARK A. VIOLETTE, P.A

Firm/Company

4405 COMMONS DRIVE EAST, SUITE 102

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

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

For further information concerning this matter, please call:

MARK VIOLETTE

850 424-5595

at ()

Name of Person

Area Code

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**

REEF BEACH SERVICES 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 03/31/2014 and assigned Florida document number L14000052225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: RIMS C. ROOF

New Registered Office Address: 43 CASSINE WAY UNIT 101

Enter Florida street address

SANTA ROSA BEACH, Florida 32459
City Zip Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SMB INVESTMENTS LLC	209 BAYWIND DRIVE	<input type="checkbox"/> Add
		NICEVILLE, FLORIDA 32578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMERALD REEF ENTERPRISES	209 BAYWIND DRIVE	<input type="checkbox"/> Add
		NICEVILLE, FLORIDA 32578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIMS C. ROOF	401 W. GULF BLVD	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 APR - 7
 11:02 AM
 CALIFORNIA
 DEPT OF STATE
 01600

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 APR -7 PM 3:02
FLORIDA STATE
UNIVERSITY

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 4th 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee