Division of Corporations **Electronic Filing Cover Sheet**

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To:

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Account Name

: AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

: (305)416-6800

Fax Number

: (305)416-6811

tenter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACON PROPERTY HOLDINGS, LLC

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ADAMS GALLINAR PA

" PAGE 02/05
(((H14000224777 3)))

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Beacon Property Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

ູ, 305、416-6800

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 3054166811

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

01	F	ZS 7 says
	WILLOW DINION LLO	SE SE
BEACON PROPERT		T 70 20 20 20 20 20 20 20 20 20 20 20 20 20
(Name of the Limited Liability Compan (A Florida Limited C	iability Company)	SSC F
The Articles of Organization for this Limited Liability Company	were filed on <u>04/30/2014</u>	and assigned
Florida document number L14000070554		: 38 TAT ORM
This amendment is submitted to amend the following:		DE W
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New registery office Address.	Enter Florida street address	/
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and I f this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

(((H14000224777 3)))

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:

AMBR = Authorized Member Title Name Address Type of Action Lilian De Paula 1000 Brickell Avenue **MGR** □ Add Suite 300 Remove Miami, Florida 33131 1000 Brickell Avenue MGR Heaven Luck Holdings, LLC 🛮 Add Suite 300 ☐ Remove Miami, Florida 33131 □ Add ☐ Add ☐ Remove

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			(((1111)
D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
			
,		tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after see this document is filed by the Florida Department of State)	
	Dated	September 24 2014	
		Padoret	
		Signature of a mentiler or authorized representative of a member	
		Robert R. Adams, Esq., Authorized Representative	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00