## L14 000 148 225

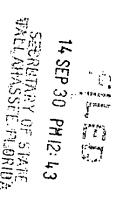
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300263387953

09/30/14--01004--003 \*\*25.00



## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: The Beach Sanctuary" LLC"

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

Please return all correspondence concerning this matter to the following:

Source King Mutchell
Name of Person
Mr Beach Sanchanf'lle"
Firm/Company
2440 Flamman Dr Mpt 12B
Address
Mami Beach FL 33140
Sing Saman tha 1 Qi cloud. Com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
0-11-11-00

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:

Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The BEACH SANGUARY "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 onOq + 22 + 2014_ and assigned Florida document numberL14000148229
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 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 new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida 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

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:

Title	uthorized Member <u>Name</u>	Address	Type of Action
Mar	Sons Mitabell	2440 Planingo Dr. 12B Mienni Beach FL 3314	
		Mieuri Beach FL 3314	O □ Remove
<del></del>	<u> </u>		□ Add
			□ Remove
			·
			□ Add
			□ Remove
			□ Add
			S Remove
		HASSE SE	SEP SEP
		C.F. or in the results of the result	HAdd H
			Remove
			<u> </u>
<del></del>			□ Add
			□ Remove

	y other information, enter ch	nange(s) here: (Attach additional sheets,	if necessary.)
·`	• •		_
<u></u>			
<del></del>			
(The effective date n	if other than the date of filing nust be specific, cannot be prior to dat nent is filed by the Florida Departmen	g: te of receipt or filed date and cannot be more than on to of State)	(optional) 90 days after
Dated 09,	25.2014		
	Sellation		
	•	member or authorized representative of a member	
	Sovia LING	T	
		Typed or printed name of signee	

Page 3 of 3

", 1

Filing Fee: \$25.00

14 SEP 30 PM 12: 43