*L14000152416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2015 JUN 30 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL - 2 2015

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

6/25/2015

BEACH LIFE VACATIONS, LLC
1512 MELLON WAY
SARASOTA, FLORIDA 34232

RE: AMDENDMENT OF ARTICLES OF ORGANIZATION

To Whom It May Concern:

My name is Florian Schofer and I am the trustee of the GIANFRANCA SCHOFER 2010 IRREVOCABLE TRUST, which owns BEACH LIFE VACATIONS, LLC. Enclosed is an "ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION" document. I have highlighted any changes I would like to make to the existing ARTICLES OF ORGANIZATION.

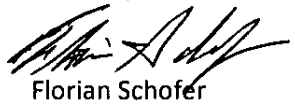
The changes I would like to make are as follows:

1. RESIDENT AGENT
    - The word "TRUSTEE" should be removed after the name FLORIAN SCHOFER

2. AUTHORIZED PERSON(S)
    - Remove: SCHOFER, FLORIAN, TRUSTEE
      1512 MELLON WAY,
      SARASOTA, FL. 34232

A check in the amount of $25 is enclosed (check #1063 – 6/25/2015). Thank you in advance for your time and effort in this matter.

Sincerely,



Florian Schofer

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BEACH LIFE VACATIONS 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:

FLORIAN SCHOFER
Name of Person

Firm/Company

1512 MELLON WAY
Address

SARASOTA, FLORIDA 34232
City/State and Zip Code

FLORIANSCHOFER11@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLORIAN SCHOFER at (301) 943-2799
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

FILED
2015 JUN 30 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEACH LIFE VACATIONS, 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 9/30/2014 and assigned Florida document number L14000152416.

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:

* Remove word "TRUSTEE"

Name of New Registered Agent: FLORIAN SCHOFER

New Registered Office Address: 1512 MELLON WAY
Enter Florida street address

SARASOTA, **Florida** 34232
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

Title	Name	Address	Type of Action
AMBR	FLORIAN SCHOFER, TRUSTEE	1512 MELLON WAY,	☐ Add
		SARASOTA, FL. 34232	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

2015 JUL 30 AM 10:

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

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TALLAHASSEE, FLORIDA

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 _____, _____.

_____
Signature of a member or authorized representative of a member

FLORIAN SCHOFER
_____
Typed or printed name of signee

Filing Fee: $25.00