L14000156728

(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:

wrong Form W15-34441

Office Use Only

200272593302

05/07/15--01010--020 **35.00

FILED
15 MAY 29 AM 9:54

JUN 01 2015
J SHIVERS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY 29 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 12, 2015

DAVID MARION SHOULTZ II
1104 ANCHOR PT
DELRAY BEACH, FL 33444

SUBJECT: BEACHFRONT PROPERTY MANAGEMENT GROUP, LLC
Ref. Number: L14000156728

We have received your document for BEACHFRONT PROPERTY MANAGEMENT GROUP, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 515A00009965

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BEACHFRONT PROPERTY MANAGEMENT GROUP, 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:

IVANA ANDREATINI
Name of Person

BEACFRONT PROPERTY MANAGEMENT GROUP, LLC
Firm/Company

1104 ANCHOR PT
Address

DELRAY BEACH, FL 33444
City/State and Zip Code

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

For further information concerning this matter, please call:

IVANA ANDREATINI at (561) 990 - 6916
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

BEACHFRONT PROPERTY MANAGEMENT GROUP, 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 _____ and assigned Florida document number L14000156728.

This amendment is submitted to amend the following:

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

BEACHFRONT BUILDERS, LLC

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

15 MAY 29 AM 9:

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:**

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change

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

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 MAY 28TH, 2015.

Signature of a member or authorized representative of a member

IVANA ANDREATINI

Typed or printed name of signee

FILED
15 MAY 29 AM 9:54

Filing Fee: $25.00