

L14000156728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

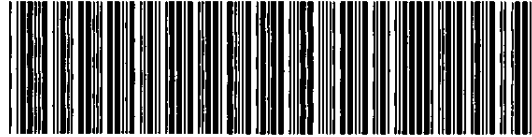
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15 MAY 29 AM 9:56
STATE OF WISCONSIN
JANUARY 1 2015

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

BEACHFRONT PROPERTY MANAGEMENT GROUP, LLC
Firm/Company

1104 ANCHOR PT
Address

DEWAY 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

FILED
15 MAY 29 AM 9:54
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, 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 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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated MAY 28TH, 2015

IVANA ANDREATINI

Typed or printed name of signee

FILED
MAY 29 AM 9:54
U.S. DEPT. OF JUSTICE
MAINE
RECEIVED
MAY 29 1964
U.S. DEPT. OF JUSTICE