

L14000176080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Amend

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15 MAR -9 PM 1:16  
RECEIVED  
TALLAHASSEE, FL 32304

M. MILLIGAN  
EXAMINER

MAR 25 2015

**Title Guaranty of South Florida Inc.**  
**4430 Weston Road**  
**Davie, FL. 33331**

**March 4, 2015**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE:    Buyer: **Beach Heaven Enterprises LLC**  
          Seller: **NOW HOME BUYERS LLC**  
          Property Address: **2525 NW 95TH TERRACE, CORAL SPRINGS, FL 33065**  
          Our File No.: **150069A**

Ladies/Gentlemen:

Enclosed herein please find our Escrow Account Check in the amount of \$25.00 for filing fee. Please contact Kelly Bookstein if you have any additional questions at (954)389-9483 or email her at [kelly@titleguarantyflorida.com](mailto:kelly@titleguarantyflorida.com).

Sincerely,



**Marilynn Branim**  
Post Closing Coordinator

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEACH HEAVEN ENTERPRISES 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:

Brad R Jones  
Name of Person

Firm/Company

11617 SW 57th Street  
Address

Cooper City, FL 33330  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brad R Jones at (954) 383-1154  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

BEACH HEAVEN ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
15 MAR -9 PM 1:10  
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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/12/14 and assigned  
Florida document number L14000176080

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

City

Florida

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 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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brad R. Jones	11617 SW 57 St Cooper City FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brad R. Jones	11617 SW 57 St Cooper City FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Carol A. Fisher	11617 SW 57 St Cooper City FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Brad R. Jones		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Carol A. Fisher		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

15  
MGR-9  
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1:18  
STATE  
FLORIDA

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

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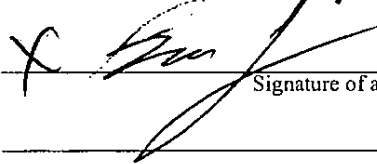
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E. Effective date, if other than the date of filing: 2/27/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 27, 2015



Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
15 MAR -9 PM 1:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA