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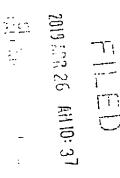
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PICK-UP WAIT MAIL
(Business Entity Name)
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Codificator of Status
Certified Copies Certificates of Status
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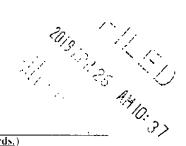
COVER LETTER

TO:		tration Sec ion of Corp				
SHRIE	CT:	Beach Hous	e Naples Realty, LLC			
.5005170	· · · _		Name of Lim	ited Liability Company		<u></u>
The encl	losed a	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn a	II correspor	ndence concerning this matter	to the following:		
			Emma Rickwood			
				Name of Person		
				Firm/Company		
			205 Spring Line Drive			
				Address	<u> </u>	
			Naples F1, 34102			
			emmarickwood@mac.com	City/State and Zip Code		
			E-mail address: (to be used for future annual	report notification)	•
For furth	ner info	ormation co	ncerning this matter, please ca	all;		
Emma R	Rickwo			239 240 at ()	8-3132	
		Name of	Person	at () Area Code	Daytime Telepl	none Number
Enclosed	l is a c	heck for the	e following amount:			
\$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		3 \$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



BEACH HOUSE NAPLES REALTY, 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 C		and assigned
Florida document number L15000095041		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
BROOK HILL NAPLES REALTY, LLC		
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abb	reviation "L.I.;C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Training appearances wood min of NEED Amor	123.50	•••
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		he name of the ne
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
Many Day Carlot (2000) and deli		
New Registered Office Address:	Enter Florida street address	
	Florida	27:00
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
		·	Change
			Remove
			□ Change
			Add
			Remove
			☐ Change
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ote: If the date	If other than the dat s listed, the date must be inserted in this block tive date on the Depar	does not meet the	e applicable sta	of filing or more the tutory filing requ	(optional) in 90 days after filing. irements, this date) Pursuant to 605.020
record spec The 90th da	cifies a delayed ef y after the record	fective date, in the second se	but not an e	ffective time,	at 12:01 a.m.	on the earlier o
nted		· -	· ·		1	

Page 3 of 3

Filing Fee: \$25.00