# L15000116356

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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# COVER LETTER

SUBJECT:	BEACH PRO	PERTY HOLDINGS LLC			
SUBJEC1:		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		Michael Ortiz			
			Name of Person		
		Michael Ortiz, P.A.			
Firm/Company					
1430 South Dixie Highway, Suite 321					
Address					
	Coral Gables, FL 33146				
City/State and Zip Code					
lawortiz@aol.com					
		E-mail address: (to	o be used for future annual report not	ification)	
For further i	nformation co	ncerning this matter, please ca	11:		
Michael Or	tiz		305 665-5270 at ()		
Name of Person Area Code Daytime Telephone Number			ne 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:

TO:

Registration Section Division of Corporations

> 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 JUL 17 PM 1: 47

BEACH PROPERTY HOLDINGS LLC

SECRETAIN OF STATE-TALLAHASSEE, FLORIDA

(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 07/06/2015

The Articles of Organization for this Limited Liability C	Company were filed	d on	and assigned
Florida document number L15000116356	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability com	oany here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Compar	y," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>		
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		ress on our reco	rds, enter the name of the new
New Registered Office Address:		Enter Florida street ade	
	•	enter Pioriaa street aa	
	City	,	Florida Zip Code
New Registered Agent's Signature, if changing Registere	· ·		Dip count
		in this samesia. I	further garage to comply with the
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perform agent as provided ed office address,	ance of my duties, for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
MGR	NICOLINA CARRANO	c/o 1430 South Dixie Highway	■ Add
		Suite 321	Remove
		Coral Gables, FL 33146	
			□ Add
			□ Remove
		<del></del>	
		<del>-</del>	Add
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		07/16/2015				1	P
Effective date, if other the state of the state of the state in the state inserted document's effective date	e date must be specific in this block does no	ling: and cannot be prior of meet the applic	to date of filing of able statutory f	or more than 90 d iling requireme	_ (optional) ays after filing.) P nts, this date wi	ursuant to 60.	5.0207 ted <b>To</b> s
ne record specifies a The 90th day after			t an effectiv	e time, at 1	2:01 a.m. or	n the earli	ier o
Dated July 16		2015					
		$\bigcirc$					
	Signature o	f a member or auth	orized representa	tive of a member	<del> </del>		
	<u></u>		,				
Michael Ortiz		T	ed name of signe				

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Filing Fee: \$25.00