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(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECHETARY OF STATE

K.SALY EXAMINER NOV 20 2015

COVER LETTER

TO: Registration Section Division of Corpo			•
SUBJECT: A-	- Handyma Name of Limit	n & Home Repaired Liability Company	ruc
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Meli	SSO Spicer Name of Person	
		Firm/Company	
	1170 Oc	Kwood Lakes	Blud
	Defunia	K Springs FL City/State and Zip Jode	32433
	Our little L E-mail address: (to		mail.com
For further information cor	ncerning this matter, please ca	ılı:	
Melissa Sp Name of	Person	at (706) 969 Area Code Daytime	-8047 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

2015 NOV 19 PM 4: 19

TAIL SEE, FLOWIDA

The Articles of Organization for this Limited Liability Company were filed on 8 25 15 and assigned

This amendment is submitted to amend the following:

Florida document number _______

Our Little Beach	Cate LLC	
The new name must be distinguishable and contain the wor		on "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 100 Carillon Market S

(Principal office address MUST BE A STREET ADDRESS)

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

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: Wellssa Soicec

New Registered Office Address: 100 Carillon Market St. #162

Danama City Beach Florida 32413
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 = Manager AMBR = Authorized Member		Address Address SECRETARY DE STATE Add Add Add Add Add Add Add	
<u>Title</u>	<u>Name</u>	Address SECRETARY DE Type of Action	
		Add	
		Remove	
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	SECOLATION 19
	FALLAHASSEE, FLURIDA
	- CORIDA
fective date, if other than the date of filing:	:(optional)
an effective date is listed, the date must be specific and contents. If the date inserted in this block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 eet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of Sta	
e record specifies a delayed effective da	ate, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
h1 10	MAIT
ated,	2015.
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- 1 YULLOO	acmber of authorized representative of a member
Signature of a m	icinizer of authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00