LIWUUDSIUQ

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO:	Registration Se Division of Cor				
CUDIE	BEACHES	AND BEHELS, LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Philip A. Digati			
			Name of Person		
		Philip A. Digati, P.A.			
			Firm/Company		
		633 S.E. 3rd. Avenue, Sui	te 4F		
	Address				
		Fort Lauderdale, Florida 3	3301		
			City/State and Zip Code	u - 7	
		padlawyer@yahoo.com		~	
			to be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please c	all:		
Philip A			954 524-6300 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:		2016 MAY SECRETY ALLAHA	
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy T (additional copy is enclosed)	
•	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACHES AND BEHELS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L16000081062	npany were filed on April 26, 2016	and assigned
florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		er the name of the n
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		7A SEC M TO
New Registered Office Address:		AHAX T
	Enter Florida street address	12 F
	, Florida	
	City	Zip Gode
New Registered Agent's Signature, if changing Registered A	gent:	

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
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			_ □ Add
		***************************************	ZE CAHAS SEE
			Change 2
			Add C
			□ Change
	·		Add
			Remove
			□ Change

Leslie Behel Johnson	Member Percentage - 33 1/3%
8370 N.W. 185th Street	
Hialeah, Florida 33015	
Debra T. Aniello	Member Percentage - 33 1/3%
15785 S.W. 17th Street	
Davie, Florida 33326	
Sandra Kay Lindstrom	Member Percentage - 33 1/3%
4376 Cedar Butte Circle	
Rexburg, ID 83440	
ive date, if other than the date fective date is listed, the date must be If the date inserted in this block nent's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Fursuant 6605 codes not meet the applicable statutory filing requirements, this date will not be listed.
cord specifies a delayed e 90th day after the record	A A A A A A A A A A A A A A A A A A A
5/9/16	LORIDA:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00