# L16000137598

(Requestor's Name)			
(Address)			
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(0	City/State/Zip/Phone #)		
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2016 AUG 25 PM 2: 35

K. SALY EXAMINER

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### **COVER LETTER**

	Registration Section Division of Corpor		d' <sub>1</sub>	
SUBJECT: Sandy Beach Vacation Rentals LLC Name of Limited Liability Company				
The enclos	sed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please retu	ırn all corresponde	nce concerning this matter t	o the following:	
		Carrie	A. Birghan Name of Person	<u>)</u>
		_		ion Rentals LLC
	-	410 150	5th Ave St Address	e E
	-		o Beach f	( )
	_	Sandybea E-mailaddress: (1	ch vacation obe used for future annual repo	stlagmail. com
For further	information conce	erning this matter, please ca	·	
Car	rie A.Bi	ngham	727	308-0272
	Name of Per	· · · · · · · · · · · · · · · · · · ·		Daytime Telephone Number
Enclosed is	s a check for the fo	ellowing amount:		
\$25.00	Filing Fee C	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

2016 AUG 25 PM 2:35

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_ L \ \ 6000137598 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 contain 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:

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>mgr</u>	JosephPettinella	Address 35 Burts Path 1tepewell Truction, New York 12533	TXAdd
			Remove
			Change
			Add
			CONTRACTOR PAGE 35 Remove
			SECTION TO
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			Change

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	7.5
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of Note:  If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of
Dated August 15th, 2016.	
Cauld Bighan Signature of a member or authorized rep	presentative of a member
,	

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Filing Fee: \$25.00