119000103863

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S. YOUNG

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	76 Shirah S	a. LLC				
SUBJECT		Name of Lim	ted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
				٠.		
		Chase Caindec		-		
			Name of Person			
				•		
			Firm/Company	· ·	· · · ·	
		3225 McLeod Drive, Suite	100			
		Address				
		Las Vegas, Nevada 89121				
			City/State and Zip Code			
		ra@andersonadvisors.com	to be used for future annual	renort notifies	ution)	
15 12 11 1				,	,	
For further ii	itormation c	oncerning this matter, please ca	WI:			
Chase Cainc	lec		800 70	06-4741		
	Name o	f Person	Area Code	Daytime T	elephone Number	,
				•		
		ne following amount:				
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is en		Certified (of Status &
	MAIL.	ING ADDRESS:	STREE	T/COURIEF	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

76 Shirah St, LLC

company has been notified in writing of this change.

(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 4/16/2019	and assigned			
Florida document number 1,19000103863					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
Miramar Beach VR. LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "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 of registered agent and/or the new registered office address here		records, enter the name of the new			
Name of New Registered Agent:					
Name Davistanced Office Address.					
New Registered Office Address:	Enter Florida stre	et address			
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my di	ties, and I am familiar with and			

If Changing Registered Agent. Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			□ Remove
		 -	
			□ Remove
	•		☐ Change
			
			Remove
			Change
			Add
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		· 	Change
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			Remove
			_□ Change

				 	
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			-		
Effective date, if othe	er than the date of	filing:		(optio	nal)
If an effective date is listed	, the date must be speci	ific and cannot be pri-	or to date of filing or	more than 90 days after	nal) filing.) Pursuant to 605.020 date will not be listed as
document's effective da				ng requirements, this	date will not be fisted a.
ne record specifies The 90th day afte			ot an effective	time, at 12:01 a	.m. on the earlier o
Dated March 10		2020			
Dated		· <i></i> //	_·/. /		
		14-	-/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00