

L94000000906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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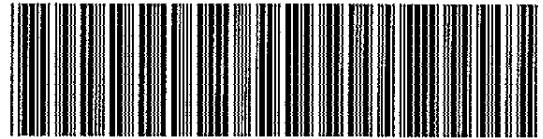
(Business Entity Name)

(Document Number)

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L94-906  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Pete Beach Apartments, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. Clayton Travis

(Name of Person)

(Firm/Company)

330 Julia Circle North

(Address)

St. Pete Beach, Florida 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

E. Clayton Travis

(Name of Person)

at ( 727 ) 360 1200

(Area Code & Daytime 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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

St. Pete Beach Apartments, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on August 26, 1996 and assigned document number L96000000906

**SECOND:** This amendment is submitted to amend the following:

Article Eight -Single Purpose Entiy filled by Amendment dated  
May 20, 1999 is here by revmoved and cancelled.

Article Nine

Clay Travis Property Advisors is hereby granted permisssion to  
to operate as Fictitious Name.

Dated JAN 24, 2006

E. Clayton Travis Manager  
Signature of a member or authorized representative of a member

E. Clayton Travis, Manager  
Typed or printed name of signee

Filing Fee: \$25.00

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