

MIS 0000041896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

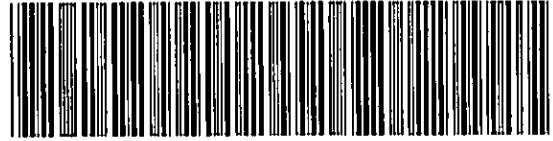
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/02/18--01031--014 **30.00

7/23/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

KEN FURLONG
PO BOX 73007
MARIETTA, GA 30007

SUBJECT: SOUTHPOINT PROPERTY GROUP, LLC
Ref. Number: M1500Q004896

We have received your document for SOUTHPOINT PROPERTY GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00013778

RECEIVED

2018 JUL 19 PM 12:02

CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SOUTHPOINT PROPERTY GROUP, LLC

Enter new principal office address, if applicable: _____

(Principal office address)

MUST BE A STREET ADDRESS

23525 PERDIDO BEACH BLVD
ORANGE BEACH, AL 36561

Enter new mailing address, if applicable: _____

(Mailing address)

MAY BE A POST OFFICE BOX

PO BOX 73007
MARIETTA, GA 30007

2. The Florida document number of this limited liability company is: 1115000004296

3. Jurisdiction of its organization: MARIETTA, GA

4. Date authorized to do business in Florida: 6/22/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BEACH GETAWAYS, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

Enter Florida Street Address

_____, Florida _____
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Ken Fur long
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SOUTHPOINT PROPERTY GROUP, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 01/17/2017 changing its name to

BEACH GETAWAYS, LLC

a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 02/10/2017



Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE

CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

RECEIVED
SECRETARY OF STATE
INTAKE DIVISION
2017 JAN 17 PM 1:41

Articles of Amendment
to Articles of Organization

Article One

The name of the limited liability company ("company") is:

SOUTHDALE PROPERTY GROUP, LLC

Article Two

The date the articles of organization were filed was: SEPT 13, 2010

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

BEACH GETAWAYS, LLC

Article Four

(Check, and if applicable complete, one of the following)

☒ The articles of amendment shall be effective upon the filing with the Secretary of State.

☐ The articles of amendment shall be effective on: _____ at _____
(Date) (Time)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

JANUARY 12, 2017
(Date)

Signature

Print Name

Capacity (choose one option only): ☐ Organizer

☒ Member

☐ Manager

☐ Court-Appointed Fiduciary

☐ Attorney-in-fact

Email Address: _____