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10 MAR -4 PH 12: 27

T. HAMPTON MAR - 5 2010 EXAMINES

COVER LETTER

TO: ' Registration Section

Division	of Corporat	ions				
SUBJECT:		Emerald Co	ast Barb	eque, LLC		
		Name of Limi				
The enclosed Art	ticles of Amen	dment and fee(s) are sub	omitted for fil	ling.		
Please return all	correspondenc	e concerning this matter	to the follow	ving:		
		Candi L. Gray				
Name of Person						
Emerald Coast Permitting, Inc.						
Firm/Company						
P. O. Box 476						
			Ado	Iress		
				L 32540		
			-	nd Zip Code		
	_	emeral E-mail address: (dcoastper to be used for i	mitting@cox. future annual report	net notification)	
For further inform	nation concerr	ing this matter, please o	all:			
	Candi I	Gray	at (_	850)	259-	
	Name of Perso	n		Area Code & Da	зунте телер	none Number
Enclosed is a che	eck for the follo	owing amount:				
\$25.00 Filing	Fee\$	30.00 Filing Fee & Certificate of Status	Certi:	Filing Fee & fied Copy tional copy is encl	iosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING A			STREET/CO Registration S		DDRESS:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division of Co Clifton Buildi	orporations	
			2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerald Coast B	arbeque, LL0	0				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	s on our records.)				
The Articles of Organization for this Limited Liability Company w	vere filed on	09/18/2009	and assign	ied		
Florida document numberL0900090606						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	ity company here	:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	ny," the designation "LL	C" or the abbr	reviation		
Enter new principal offices address, if applicable:				15.0 13.0 10.0 10.0 10.0 10.0 10.0 10.0 10		
(Principal office address MUST BE A STREET ADDRESS)	 		<u> </u>	ZE		
			<u></u>	2/2		
			2	79.3C		
Enter new mailing address, if applicable:			13			
(Mailing address MAY BE A POST OFFICE BOX)				SKO		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on o	ur records, <u>enter the</u>	name of t	he new		
Name of New Registered Agent:						
New Registered Office Address:	Fnt	er Florida street addre				
	Emer Fiorida Sireet address					
	City	, Florida	Zip Code	.		
New Registered Agent's Signature, if changing Registered Agent:	•		-			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	te performance o ovided for in Ch	of my duties, and I am apter 608, F.S. Or, if	familiar wi this docume	th and		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac	<u>tion</u>
MGRM	Stewart Gamble Fuzzell	4619 Springhill Ave., Mobile, AL 36608	Add _ Remove	
			Add Remove	
<u>.</u>			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove _	
D. If amendir	g any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	10 MAR -4 PH 12: 21	SECRETARY/OFSTATE
Dated	March 2 , 20	10	_	SNO
_	Signature of a member	or authorized representative of a member		
_	Rob	ert Hunter Fuzzell or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00