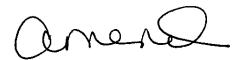
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10/14/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Emerald Coas	t United, Inc.		
DOCUMENT NUM	BER: N98000001045			
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	C	arrie Ely		
	(Name of	Contact Person)		
		coast United, Inc	•	
	(Firm	/ Company)		
		Box 832		
	(4	Address) .		
. ———		le, FL 32588 te and Zip Code)		
	, •	• ,		
	E-mail address: (to be use	surer@gmail.com d for future annual	n report notificati	on)
For further information	on concerning this matter, pleas	e call:		
Carrie Ely	,	at (850	₎ 512-7436	
(Name	of Contact Person)	(Area C	ode & Daytime	Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florid	a Department o	f State:
✓ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Certified Copy (Additional copenclosed)	by is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amenda	Street Address Amendment Section	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Ex	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

2811 OCT 13 PM 3= 50

Emerald Coast United, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N98000001045

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

he new name must be distinguishable and con	tain the word	"cornoration" or "in	corporated" or the
bbreviation "Corp." or "Inc." <u>"Company" or "</u>			corporated or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		417`LarKsipur Ct	
		Niceville, FL 32578	
			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 832	
		Niceville, FL 3258	3
(Niceville, FL 3258	3
(ered office add	address in Florida, er	
If amending the registered agent and/or reg new registered agent and/or the new registe	ered office add	address in Florida, er Iress:	
If amending the registered agent and/or reg new registered agent and/or the new registe	ered office add (417	address in Florida, er Iress: Carrie Ely	
If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:	ered office add (417 (Flori	address in Florida, er Iress: Carrie Ely Lar¥s pur Ct.	

Page 1 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u> <u>Name</u> <u>Address</u> Type of Action Treas Carrie Ely 417 Larkstour Ct. ✓ Add Niceville, FL 32578 ☐ Remove ☐ Remove Treas Milly LoW E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Please remove the following Officers freas. Milly LoW

The date of each amendmen	t(s) adoption: 08[30 2011
Effective date <u>if applicable</u> :	(date of adoption is required) 08 30 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	•
Dated 0813	30[2011
Signature_	Will J.Ah
~ ~ ~ ~	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or
otn	er court appointed fiduciary by that fiduciary)
	Mike Rarick
	(Typed or printed name of person signing)
	President
	(Title of person signing)