L05000000412

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Littly Name)				
(Document Number)				
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Control Control				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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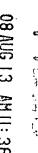
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SECRETARY OF STATE



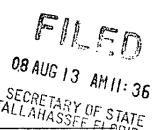
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Shoults	LLC		
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Marion Buckley Shoults		
		(Name of Person)	Į.
	Shoults Family Irrevocab		
		(Firm/Company)	
	925 Bambi Drive		
		(Address)	
	Destin, FL 32541		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Marion Buckley Shoult	s	at (850) 837-1389	
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	ne 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)
	ING ADDRESS: ation Section	STREET/COURIER Registration Section	ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Shoults LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability Company were filed on 12-29-2004 and assigned				
Florida document number L05000000412	······································			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name (</u>	of the limited liability cor	npany here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of	_	iress on our records, <u>ent</u>	er the name of the new	
Name of New Registered Agent:	Marion Buckley Shoul	ts		
New Registered Office Address:	925 Bambi Drive			
		(Enter Florida street	t address)	
	Destin	, Florida	32541	
	(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 608, 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)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Howard Ray Shoults	925 Bambi Drive Destin, FL 32541	Add Remove
MGRM_	Shoults Family Irrevocable Trust	925 Bambi Drive Destin, FL 32541	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary) AHASET FLORID	- 3 F
	2008		-
Dated July 29	Marion Buckley Shoute	4 authorized representative of a member	
	Marion Buckley Shoults, Tr	ustee	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00