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DEC 08 2008

EXAMINER



900138352459

12/05/08--01007--004 **25.00

COVER LETTER

TO: Registration Section • • • Division of Corporations				
SUBJECT: Emerald Coast Entertainment (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:				
Sandy Jernigan (Name of Person)				
ECE (Firm/Company)				
7 Dogwood Dr. (Address) Shalimar, FL 32579 (City/State and Zip Code)				
Shalimar, FL 32579 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Sandy at (850) 651-8842 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

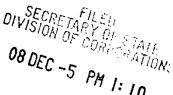
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			" " 10	
Name of the Limited Liability Con (A Florida Limit	oast Ente mpany as it now appe ted Liability Company	entainment ars on our records.)	_	
The Articles of Organization for this Limited Liability Comp	any were filed on	6/3/05	and assigned	
Florida document number LD5 000057591.	xany were med on	- 0/3/03	und ussigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	ere:		
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Com	pany," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	·			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the n	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City)	(2	Lip 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 **Title Address Type of Action** Name | Jackie Jernigan 🕱 Remove MGR _ Add Remove ☐ Add Remove ☐ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated

Page 2 of 2

ndra Jernì a Typed or printed name of signe

Filing Fee: \$25.00