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COVER LETTER

TO: Registration Division of C					
SUBĴECT:	Cowgirl E	Cowgirl Enterprises, LLC			
		ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Gil Osterloh			
		Name of Person		1)
	Beverage Law Professionals				- -
	Firm/Company			ZULI MAT -9 SECRETAR TALLAHASS	
	1127	75 US Hwy 98 Ste. 6-249		の主	
	<u></u>	Address			
		Destin, FL 32550		EF SIATE	o . −
		City/State and Zip Code		कुरत है	n
	E-mail address: (to be used for future annual report notific	ation)		
For further information	concerning this matter, please c	alt:			
	Gil Osterloh	at (_850_)8	37-9954		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	osed)
	LING ADDRESS: stration Section	STREET/COURIE Registration Section	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cowgii (<u>Name of the Limited Liabilit</u> (A Florida	rl Enterprises, LLC y Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	12/16/2005	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	my," the designation	n "LLC" or the abl	previation
Enter new principal offices address, if applicable:			<u>≯</u> 2. =	
(Principal office address MUST BE A STREET ADD	RESS)		55 F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			9 PH 2: 15	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	itered office address on o lress here:	our records, <u>ente</u>	er the name of	the new
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	lanaging Member		
Title !	<u>Name</u>	Address	Type of Action
MGRM	Nikki Nickerson	PO BOX 611095 Rosemary Beach, FL 32461	Add ✓ Remove
MGRM_	Shari Nickerson	PO BOX 611095 Rosemary Beach, FL 32461	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
	- 1/m Altraltraltraltr		Addo Marketto
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	ary.)
			
 Dated	4/15 , 20		
	Gil Ostedon 1	er or authorized representative of a member For Cougin Gratepies d or printed name of signee	120

Page 2 of 2

Filing Fee: \$25.00