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EXAMINER



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第四届金金 →02/05/10--01016--008 **25.00.

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OVISION OF CORPORATION

COVER LETTER

	gistration Sovision of Co			
SUBJECT:		Harris 8	k Squazzo LLC	
SOBSECT.			ited Liability Company	
The enclose	d Articles of	'Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		** *** *** *** *** *** *** *** *** *	Halford S. Harris Name of Person	
			Name of Person	
			Firm/Company	
			3845 Lynn Ora Drive	
			Address	
		Per	nsacola, Florida 32504 City/State and Zip Code	
			doubleh1@cox.net	
For further	information o	E-mail address: (concerning this matter, please of	to be used for future annual report notification)	
	Hal	ford S. Harris	at (850) 698-7492	
	Name o	of Person	Area Code & Daytime Telephone Number	
Enclosed is	a check for t	he following amount:		
₹25.00 I	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
	P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

4 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			" J _J
Hari	ris & Squazzo LLC	<i>*</i>	•0
(Name of the Limited Liab) (A Flori	lity Company as it now appear da Limited Liability Company)	rs on our records.)	
Ç	, , , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability	y Company were filed on	04/30/08	and assigned
Florida document number L06000052523	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited llability company her	œ:	
Beach	Buns and Dawgs LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable:	 		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or req registered agent and/or the new registered office a		our records, enter t	the name of the new
Name of New Registered Agent:	 	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		 	
	En	ter Florida street ada	ress
		, Florida	
	City		Zin 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

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	Signature of	a member or a	uthorize	drepresen	tative of a	member		

Page 2 of 2

Filing Fee: \$25.00