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SECRETARY OF STATE

C. LEWIS

JUL 2 6 2011

EXAMINER

## **COVER LETTER**

COVERTELLER
TO: Registration Section Division of Corporations
SUBJECT: Sweet Bay PRINTS LLC. 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:
KRISTEN D. MITCHELL  Name of Person  Sweet Bay Prints, LLC  Fim/Company  4821 US Highway 98 West Unit 106  Address  SANTA ROSA Beach FL 32459  City/State and Zip Code  hello © Sweetbay Drints. Com  E-mail address: (to be used for futbredannual report notification)
For further information concerning this matter, please call:
KRISTEN MITCHELL at (850, Le87-0768  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  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 JUL 25 BM 24 38

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Sweet Bo	w Prin	175 11.C	SECR	ETARY OF STATE
(Name of the Limited	Liability Compan	y as it now appears	on our records.	HASSEE, FLORIDA
The Articles of Organization for this Limited Li	iability Company v	were filed on 3	8/2007	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company	," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
			<del></del>	
B. If amending the registered agent and/oregistered agent and/or the new registered of			r records, <u>enter 1</u>	he name of the new
Name of New Registered Agent:	KRIST	EN D.	MITCH	ELL.
New Registered Office Address:				<del></del>
		Enter	· Florida street ada	ress
			, Florida	2: 0 1
		City		Zip Code
Jan Dagistared Agent's Cianatura if changing D	logistand Agants			

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 Type of Action Name** <u>Address</u> KRISTEN MITCHELL MBon MARSHALL L. MITCHALL SHERIMA L. SCRUGGS 4821 ☐ Add Remove  $\bigcap Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00