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PARLAHASSEE FLORIDA

JUN 2 5 2013

D. BRUCE

COVER LETTER

Division of Cor				
SUBJECT:	Emerald Co Name of Limit	ed Liability Company	of Pensacola	, LLC.
	Amendment and fee(s) are sub			
		Name of Person	Jones	
	Emerald	Coast Services Firm/Company	of Pensacola,	LLC.
	<u>125</u> B	ass Lake St Address		
	Tion	City/State and Zip Code City/State and Zip Code Code	ail-com ASSET ification)	990 JUN 24 PI
For further information c	oncerning this matter, please c	at (\$50) 281	ification) - 3139 me Telephone Number	PH 4: 12
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 enclose	Certificate of Stated Certified Copy (additional copy	atus &

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

(Name of the Limited Liz (A Flo	ability Company a orida Limited Liab	is it now appears lity Company)	on our records.		_	
The Articles of Organization for this Limited Liabi		re filed on	3/4/2007	an	d assiį	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabilit	y company here	:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Compan	y," the designatio	n "LLC" or	the ab	breviation
Enter new principal offices address, if applicable	le:	125	B955 L	ake S	+	
(Principal office address MUST BE A STREET A	ADDRESS)	Per	sacola, i	-1. 32	<u>ما25</u>	
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			Leave I had	29	
	_	· · · · · · · · · · · · · · · · · · ·		577 (C) 2 2 2 2 3	ے	
B. If amending the registered agent and/or	registered office	e address on o	ur records, <u>ent</u>	er the ma		the new
registered agent and/or the new registered offic	e address here:			OF STA	PM I:	Anterior Control
Name of New Registered Agent:					~	
New Registered Office Address:	125	Bass I	ake 5† er Florida street	address		- ,.
	Pen	sacola	, Florida	3	25c	sle
	(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 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	Alicia N. Jones	125 Bass Lake St	Add
		Persacola, Fl 32506	Remove
			Add
			Remove
			
			Add
			Remove
			_
		*	Add
			Add Remove Remove PH 43 24 PH 43 24 Add
		S C C C C C C C C C C C C C C C C C C C	THE PHI
		LOP TO	Add.
		>	Remove
			_
			Add
			Remove

if amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
<u></u>	
	
 d	,
	Signature of a member or authorized representative of a member
	Timothy P. Jones Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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