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(Address)

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(City/State/Zip/Phone #)

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T. CLINE  
MAY 20 2008  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Peace Frogs of the Emerald Coast, 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:

Rebecca Ellerson  
(Name of Person)  
155 Peace Frogs of the Emerald Coast, LLC.  
(Firm/Company)  
15 Slalom Way  
(Address)  
Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Ellerson at 850, 865-6018  
(Name of Person) (Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & 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

Race Frogs of the Emerald Coast LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 5, 2007 and assigned  
Florida document number LO7000101451.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

15 Slalom Way  
Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15 Slalom Way  
Santa Rosa Beach, FL 32459

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rebecca Ellerson

New Registered Office Address:

15 Slalom Way

(Enter Florida street address)

Santa Rosa Beach

Florida

32459

(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.

RE  
(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:

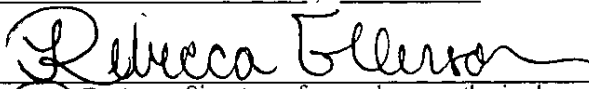
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Jim Ellerson	15 Stalom Way Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michelle Robinson	1715 Windpointe Cove Gulf Breeze, FL 32563	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

2009 MAY 19 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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