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(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	······································
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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2008 SEP 25 PM 7: 06
SECRETARY OF STATE

D. BRUCE

SEP 26 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	PONCE INLET	ENT, LLC	
 	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub	_	
	O. BRUCE	Peatro SS (Name of Person)	
		(Name of Person)	
	Ponce In let	Ent RLC	
		(Firm/Company)	
	2430 Tim	berview Dr.	
	New Sny	(Address) Irna Beach FL 32168	2008 SEP 25 SECRETARY TALLAHASSE
		(City/State and Zip Code)	SEP 25 RETAR AHASS
For further information c	oncerning this matter, please ca	all:	25 PH 7 ARY OF STASSEE, FLO
O. Bruce f	Peatross of Person)	at (386) 431-9668	RAT C
(Name o	or reison)	(Area Code & Daytime To	elephone (vumoer), > •••
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	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

<u> Yonce Inlet E</u>	nt LhC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number <u>LOB 0000 35543</u> .		
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	ation "LLC" or the abbreviation
L.L.C."		2008 SEC TALL
Enter new principal offices address, if applicable:		>> >>
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	HASS TA
		SSE SS
		-17 "7"
Enter new mailing address, if applicable:		STA STA
Mailing address MAY BE A POST OFFICE BOX)		- 5 - 6
Mauing address MAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records a	enter the name of the new
egistered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	reet address)
	, Flor	ida
 	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

1.

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 = N	1anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgrm	harry Ray	2430 Timber View Dr. Nas Snyrna Beach Fd 32168	Add Remove
	4		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necess	7AL SE
			ECR.
Dated		, 	FILED EP 25 PH 7: 06 ETARY OF STATE HASSEE, FUORIDA
	·	B. Peutyo 55 Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00