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ALLAHASSEP OF STATE

D. BRUCE

JUN 2 2 2010

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: St. Andrew Bay Ferry Company, (Name of Limited Liability Co			
(Name of Limited Liability Co.	mpany)		
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submit	ted for	
Please return all correspondence concerning this matter to:	· · · · · · · · · · · · · · · · · · ·		
Harold M. Lacey	_		
(Contact Person)			
St. Andrew Bay Ferry Company, L.L.C.			
(Firm/Company)	_		
4618 Delwood Park Blvd	·	5	
(Address)		対量	717
Panama City, FL 32408	<u> </u>	10 JUN 21 I	F. IL TU
(City/State and Zip Code)		四部五	٠,
For further information concerning this matter, please call:	:	PH 2: 58 SEE. FLORID	•
Harold M. Lacey at (850	<u>441-0349</u>	>	
(Name of Contact Person) (Area Code	e & Daytime Telephone Numbe	1)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	(

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Andrew Bay Fe	<u>erry Company,</u>	L.L.C.	
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compared Florida document numberL09000049048	any were filed on	May 19, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	re:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Comp	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u>~ 7</u>
		AH	
		SS	2
Enter new mailing address, if applicable:		ر آبار مرات	
(Mailing address MAY BE A POST OFFICE BOX)	*	P	
		34	<u> </u>
		N A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed agent.		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Er	ıter Florida street addre	ess
	, Florida		
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William C. Reeder	7311 Sale Blvd. Southport, Florida 32409	Add Remove
			Add Remove
 .			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ing any other information, e	enter change(s) here: (Attach additional sheets, if ne	74
_		;	TO JUN 21 PH
 Dated	June 15	, 2010 .	2:58
		Ans Shall	
	Signature	of a member or authorized representative of a member Harold M. Lacey, Jr. Typed or printed name of signee	

Page 2 of 2

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