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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 1 4 2012 T. HAMPTON

COVER LETTER

	tion Section of Corporations '						
SUBJECT:	Beach H	ut of N.S.B., L.L.C.					
	Name of Li	nited Liability Company					
	cles of Amendment and fee(s) are s	-					
	<u> </u>	Karen Kelley Name of Person					
	Mister Co	Mister Cooly's Beach Hut of N.S.B., L.L.C.					
		Firm/Company					
		6680 Engram Road					
		Address					
New Smyrna Beach, Fl 32169							
		City/State and Zip Code					
	E mail addraga	Kesgkel57@aol.com address: (to be used for future annual report notification)					
F 641 !- 6			meanon)				
For further informa	ation concerning this matter, please	call:					
Karen Kelley Name of Person		at (386)	424-5778				
r	Name of Person	Area Code & Dayur	ne Telephone Number				
Enclosed is a check	k for the following amount:						
□\$25.00 Filing F	cee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS:	STREET/COUR					

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Be	ach Hut of N	S.B., L.L.C.				
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appear bility Company)	s on our records.)			
The Articles of Organization for this Limited Lie	10/01/2009	and assigned				
Florida document numberL09000093		Sivice 12				
				FEB FERE		
This amendment is submitted to amend the follo		- SEE				
A. If amending name, enter the new name of	the limited liabili	ty company here	:	COF STATOR PHIZ:		
Mister Cooly's Beach Hut of N.S.B., L.L.C.						
The new name must be distinguishable and end with "L.L.C."	h the words "Limite	d Liability Compa	ny," the designation "L	LC" or the the bre tion		
Enter new principal offices address, if applica	able:	same				
(Principal office address MUST BE A STREET	T ADDRESS)					
		<u> </u>				
Enter new mailing address, if applicable:		6680 Engram Road				
(Mailing address MAY BE A POST OFFICE I	BOX)	New Smyrna Beach, Fl. 32169				
B. If amending the registered agent and/o registered agent and/or the new registered off		ee address on o	ur records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:	Karen Kelley	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	6680 Engram					
		er Florida street addr	ess			
		myrna Beach	, Florida	32169		
		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.

f 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

Title **Type of Action** Name Address MGR Karen Kelley 6680 Engram Road ✓ Add Remove New Smyrna Beach, Fl. 32169 Tami L. Polk MGR 1031 Bay Drive ☐ Add **✓** Remove New Smyrna Beach, Fl. 32168 Add 🗍 Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 10 2012 Dated Signature of a member or authorized representative of a member Karen Kelley Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00