L09000105888

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAR 31 2010

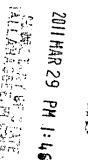
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Crazy Marlins of	Panama City Beach LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Glinda Hathorn	211
		Name of Person	
Crazv Marl		ins o ⊈ Panama City Beach Ll	2011 HAR 29
		Firm/Company	62.00
		6628 Thomas Dr.	
		Address	
	Pana	mas City Beach, Fl. 32408	gu
	<u> </u>	City/State and Zip Code	
•	glin	dahathorn@yahoo.com to be used for future annual report notifica	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please	•	non)
	inda Hathorn of Person	ai\	78-1671
Name	or Person	Area Code & Daytime T	elephone Number
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)
Regist	ING ADDRESS: ration Section	STREET/COURIER Registration Section	
Division of Corporations		Division of Corporati	ons

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

Crazy Ma	arlins of Panama City Beacl	ı,LLC		
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited L	iability Company were filed on	11-9-2009	and assigned	
Florida document numberL0900010	5888			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company here:			
The new name must be distinguishable and end wi 'L.L.C."	th the words "Limited Liability Company	" the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applic	able:		The state of the s	
(Principal office address MUST BE A STREE	CT ADDRESS)		· 6년 · N 🚃	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)		6 0	
				
B. If amending the registered agent and/	or registered office address on our	records, enter	the name of the new	
egistered agent and/or the new registered of	fice address here:	•		
Name of New Registered Agent:	Glinda Hathorn			
New Registered Office Address:	6628 Thomas Dr			
	Enter Florida street address			
	Panama City Beach	, Florida _	32408	
	City		Zip Code	
7 Th. 14 . I.A 25				

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Type of Action

✓ Add

Remove

MGR = Manager
MGRM = Managing Member

Title Name Address

MGRM Glinda Hathorn 6628 Thomas Dr
Panama City Beach, Fl 32408

MGRM Michelle Perez 6628 Thomas Dr

MGRM.	Michelle Perez	6628 Thomas Dr	Add
_		Panama City Beach, Fl 32408	✓ Remove
			
			Add
			Remove
			Add
			Remove
)	
•			
-		fully services of the services	- 1
			∴Add Rêmove
		· · · · · · · · · · · · · · · · · · ·	
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			_
			-
			
•			_
	The second secon		_
	03-01-2011	\cap	
Dated	03-01-2011		
	\ \ \\	Chriller V	
	Signature of a	member or authorized representative of a member	
		Michelle Perez	

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00