| (Re | equestor's Name) | | | |
|---|------------------------|------|--|--|
| (Ad | ddress) | | | |
| . (A | ddress) | | | |
| (C | ity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (B | usiness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to | Filing Officer: | | | |
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| Special Instructions to | Filing Officer: | | | |

Office Use Only



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C. LEWIS MAY 2 0 2010 **EXAMINER**

COVER LETTER TO: Registration Section **Division of Corporations**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Bill O slorne | |
|---|------------|
| Name of Person | |
| Jorida Coastal Outfitters 1/ | <i>' C</i> |
| 123 Carter Rd | |
| Medart, Fl 32327 City/State and Zip Code | |
| Lilla greenteam Living Com E-mail address: (to be used for future annual report notification) | |
| | |

For further information concerning this matter, please call:

| Bill aslorne | at (850) 556-8286 |
|----------------|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone 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)

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

FILED
10 HAY 20 PH 4: 04

| Tlorida's | Mull Coast Outlitters 172 |
|--|--|
| (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number 400/7/753 | Company were filed on March 10, 2010 and assigned 464 1610000026949 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the line The new name must be distinguishable and end with the we "L.L.C." | mited liability company here: Out fixtery // cords "Limited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | |
| | <u> </u> |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| : | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade | stered office address on our records, enter the name of the new dress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , 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 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:

| <u>itle</u> | Name | Address | Type of Action |
|--------------|---------------------------------------|---|--------------------|
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| If amendi | ng any other information, enter chang | e(s) here: (Attach additional sheets, if necessary) | اد رست ۱ |
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Filing Fee: \$25.00