L10000038617

(Reque	stor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/Si	tate/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Nam	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filin	ng Officer:		





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06/29/12--01023--020 **25.00

FILED
2012 JUN 29 AM II: 20
SECRETARY OF STATE.

J. BRYAN

JUL - 3 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Destina	ation BVI, LLC	75 20
		ited Liability Company	2 JUN 2
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	SSEE A
Please return all corre	spondence concerning this matter	r to the following:	2012 JUN 29 AM 11: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA
. TIM CREEHAN			-
		Name of Person	
		Destination BVI, LLC	_
	Firm/Company		
	36120 Emerald Coast Parkway		
		Destin, FL 32541	_
		City/State and Zip Code	_
	F mail address:	timcreehan@aol.com (to be used for future annual report notification)	_
For further information	on concerning this matter, please	•	
٦	TIM CREEHAN	at (850) 259-8044	
Nan	ne of Person	Area Code & Daytime Telephone Numi	ber
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & led Copy onal copy is enclosed)
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, 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

•		Destination BVI,	LLC		西岛 星
-	(Name of the Li	mited Liability Company as it n (A Florida Limited Liability (ow appears o	n our records.)	一百0°
		(A Monda Chinea Claumy	zompany)		FER STATE
The Articles o	f Organization for this Limi	ted Liability Company were fil	ed on	4/9/10	and assigned
Florida docum	nent number L1000	0038617			
This amendme	ent is submitted to amend th	e following:			
A. If amendi	ng name, <u>enter the new na</u>	me of the limited liability con	npany here:		
The new name "L.L.C."	must be distinguishable and e	nd with the words "Limited Liabi	ility Company,	" the designation "I	LC" or the abbreviation
Enter new pr	incipal offices address, if a	applicable:			
(Principal off	ice address MUST BE A ST	TREET ADDRESS)			
					<u> </u>
Enter new m	ailing address, if applicabl	e:			
(Mailing addi	ress MAY BE A POST OF I	FICE BOX)			
,	·				
	ding the registered agent ent and/or the new registe	and/or registered office address here:	dress on our	records, <u>enter</u>	the name of the new
<u>Nam</u>	ne of New Registered Agent	TIN CREEHAN			
New	Registered Office Address	·			
			Enter	Florida street add	tress
				, Florida	
		City			Zip Code
New Registere	ed Agent's Signature, if chan	iging Registered Agent:			
7, 1				waite. I Comban wa	waa ta aammbaasida
I hereby acco	ept tne appointment as reg	istered agent and agree to c	и in inis cap	acıty. 1 Ju rtner ag	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAMELA WELLBORN	36120 Emerald Coast Parkway Destin, FL 32541	✓ Add Remove
MGR	TIM WELLBORN	36120 Emerald Coast Parkway Destin, FL 32541	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	
_			7012 JUN 29 I
 Dated	June 25 2		MII: 21
	%	er or authorized representative of a member	
	Type	TIM CREEHAN ed or printed name of signee	
		Page 2 of 2	
		Filing Fee: \$25.00	