## 1.100001.1

| (Req                                    | juestor's Name)  |      |  |  |  |
|---|------------------|------|--|--|--|
| (Add                                    | Iress)           |      |  |  |  |
| (Add                                    | lress)           |      |  |  |  |
| (City/State/Zip/Phone #)                |                  |      |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL |  |  |  |
| (Bus                                    | iness Entity Nar | me)  |  |  |  |
| (Document Number)                       |                  |      |  |  |  |
| Certified Copies                        |                  |      |  |  |  |
| Special Instructions to Filing Officer: |                  |      |  |  |  |
|   |                  |      |  |  |  |
|   |                  | , 3  |  |  |  |
| 2                                       |                  |      |  |  |  |

G. MCLE Office See Only

JUL 26 2010

**EXAMINER** 



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10 JUL 22 PM 3: 38

## **COVER LETTER**

| TO: Registration S Division of Co |  |  |   |
|-----------------------------------|--|--|---|
| SUBJECT:                          | Britton-Harr Ho  | spitality Services, LLC  |   |
|                                   |  | ited Liability Company   |   |
| The enclosed Articles o           | f Amendment and fee(s) are su  | omitted for filing.  |   |
| Please return all corresp         | ondence concerning this matter   | to the following:  | •   |
|                                   | •  |  |   |
|                                   |  | David W Donnelly   |   |
|                                   |  | Name of Person   | <del>"</del>  |
|                                   | BRITTON-HAF  | RR HOSPITALITY SERVICE   | ES, LLC   |
|                                   | are the second of the second o | Firm/Company   |   |
|                                   | 1  | 4512 Perdido Key Dr  |   |
|                                   | <del>,, ,, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,</del>   | Address  | ·   |
| Pensacola, FL 32507               |  |  |   |
| City/State and Zip Code           |  |  |   |
|                                   | toddl  | orittonharr@bellsouth.net to be used for future annual report notifi | cation  |
| Fan Coulon in Commetica           |  | •  | cation  |
| ror further information           | concerning this matter, please   | call:  |   |
|                                   | dd Britton-Harr  | at ( )   | 375-7883  |
| 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)    | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS                   |  | etdeet/Caudii  | ED ADDDESS.   |

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

| BRITTON-H/  | ARR HOSPITALITY SERV  | VICES, LLC                  |                          |  |
|---|---|-----------------------------|--------------------------|--|
| (Name of the Limite   | d Liability Company as it now appea<br>A Florida Limited Liability Company) | rs on our records.)         |                          |  |
| The Articles of Organization for this Limited I                                       | Liability Company were filed on   | 6/21/2010                   | and assigned             |  |
| Florida document numberL1000006   | 6048  |                             |                          |  |
| This amendment is submitted to amend the fol  | lowing:   |                             |                          |  |
| A. If amending name, enter the new name   | of the limited liability company he   | re:                         |                          |  |
| The new name must be distinguishable and end w "L.L.C."                               | ith the words "Limited Liability Compa                                      | any," the designation "I    | LLC" or the abbreviation |  |
| Enter new principal offices address, if appli   | cable:  |                             |                          |  |
| (Principal office address MUST BE A STRE  | ET ADDRESS)   |                             |                          |  |
|   |   | 3                           |                          |  |
|   |   |                             | % ~ [ ]                  |  |
| Enter new mailing address, if applicable:   |   |                             | <u> </u>                 |  |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>   |                             | S & C                    |  |
|   | <del> </del>  |                             | 38                       |  |
| B. If amending the registered agent and registered agent and/or the new registered of |   | our records, <u>enter (</u> | the name of the nev      |  |
| Name of New Registered Agent:   | DAVID W DONNELLY  |                             |                          |  |
| New Registered Office Address:  | 14512 PERDIDO KEY DR  |                             |                          |  |
|   | Enter Florida street address  |                             |                          |  |
|   | PENSACOLA   | , Florida                   | 32507                    |  |
|   | 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, 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> Name <u>Address</u> Type of Action MGR TODD BRITTON-HARR 505 LOST KEY DR ☐ Add √ Remove PENSACOLA, FL 32507 DAVID W DONNELLY MGR 9685 GRALLATORIAL CIRCLE PENSACOLA FL 32507 Remove Add 🗌 ☐ Remove Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_\_7/21/2010 Signature of a member or authorized representative of a member DAVID W DONNELLY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00