110000098409

; (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT] MAIL			
(Business Entity Name)				
(Document Number)				
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2010 OCT 27 PM 3: 46
SECRETARY OF STATE
TALLAHASSEF, FI ORIGA

J. SAULSBERRY EXAMINER

OCT 28 2010

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Robert R Place Jr Name of Person Gutter Cafe LLC Firm/Company 4 Chickasaw Way Address Destin FL 32541 City/State and Zip Code
	City/State and Zip Code HOLST Code HOLST Code HOLST Code HOLST CODE HOLST CODE E-mail address: (to be used for future annual report notification) Characteristic Code Code HOLST CODE HOLST CODE HOLST CODE Code HOLST CODE
For fur	ther information concerning this matter, please call:
	Robert R. Place Jr. at (850 803 · 3657 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enclos	ed is a check for the following amount:
\$2:	5.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee &

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

Gustas	Vale LL	\mathcal{C}		
(Name of the Limited Liab (A Flori	ility Company as it now a da Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Liability Florida document number <u>L_1000098409</u>		9-21-10	and assigne	ed .
This amendment is submitted to amend the following A. If amending name, enter the new name of the l		y here: U/A		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	Company," the designation "	'LLC" or the abbre	viation
Enter new principal offices address, if applicable:	NA		2010 SET	
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		27 PM 3: 46 ARY OF STATE ASSEE, FLURIDA	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	gistered office address ddress here:	on our records, enter	the name of th	e new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ad	dress	
	, Florida			
	City	, 1 101 lua	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Robert R. Place &	4 Chickasaw Way Destin Fl 32541	
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	2010 OCT 27 I
_			LED 7 PM 3:46 EEFLORIE
Dated	October 1 . 21	<u>0/0</u> .	
	Reducel	Dus :	•
	Signature of a member of	or authorized representative of a member	
•	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00