610000101825

(1	Requestor's Name)	
(/	Address)	
	Address)	
•	-	
(0	City/State/Zip/Phone #)	
_		_
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(-	Submess Entry (vame)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
	_	

Office Use Only



200187852102

11/19/10--01007--020 - +25.00

T CLINE

NOV 2 2 2010

EXAMINER

TANKE OF STATE OF STA

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ECT:	Forty-Fou	r Holdings, L.L.C.	
			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	Ryan Jumonville			
Name of Person				
	Forty-Four Holdings, L.L.C.			
			Firm/Company	
		36164 E	Emerald Coast Pkwy Suite 8	3
			Address	
			Destin, FL. 32541	
			City/State and Zip Code	
		bbarousse@		com
For fur	ther information o	E-mail address: (concerning this matter, please of	to be used for future annual report notifi	cation)
101141	met miormation e	oncerning and matter, prease c		
		ad Barousse	at (225) Area Code & Daytimo	281-2105
	Name o	of Person	Area Code & Daylink	: Telephone Number
Enclos	ed is a check for th	ne following amount:		TALL AT
\$25	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32:	ER ADDRESS: nations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forty-Fou	<u>ur Holdings, L.L</u>	.C.		
(Name of the Limited Liability (A Florida L	imited Liability Compar	pears on our records.) 19)		
The Articles of Organization for this Limited Liability Co. Florida document number L1000101825	ompany were filed on	September 29, 20	110 and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Co	mpany," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRI	ESS)		<u> </u>	
			产级 門	
				PRAMIUM.
Enter new mailing address, if applicable:			5	
(Mailing address MAY BE A POST OFFICE BOX)			The same of the sa	
			The same	- 5
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		on our records, enter		
	 -			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida _		
	City		Zip Coo	le

New Registered Agent's Signature, if changing Registered Agent:

€ 31 34

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>	Address	Type of Action
MMGR	Brad Barousse	25 Shipwatch Ln Miramar Beach, FL. 32550	Add ✓ Remove
			Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			ي حد ا ٠
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	
			Surface Control Contro
			_ _
Dated	,	·	
	Ry	ran Jumonville rauthorized representative of a member	
_			
-	Ry	an Jumonville printed name of signee	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00