Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000541543)))



H110000541543ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
-------	----------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACAB BY LEE, LLC

THAR - 1 PM 12: 32 ECRETARY OF STATE LLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

R-2 AM 9: 38
ASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAR - 2 2011

EXAMINER

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Ani Muradian	
DATE	3/1/2011 8:28:53 AM PST	
RE	Acab of Destin LLC - 10098366	

COVER MESSAGE

Ani Muradian | Business Special Filing Specialist 323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com www.legalzoom.comhttp://www.legalzoom.com/ | 101 N. Brand Blvd., 10th Floor Glendale, CA 91203

http://www.legalzoom.com/>

This transmission may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive for the recipient), please contact the sender by reply email and delete all copies of this message. LegalZoom is not an attorney and can only provide self help services at your specific direction. LegalZoom.com, Inc. is a registered and bonded legal document assistant, #0104, Los Angeles County (exp. 12/11). Prices, features, terms and conditions are subject to change without notice.

WWW.EFAX.COM

COVER LETTER

Division of Co			
SUBJECT: ACAB	BY LEE, LLC		
	(Name of Lis	mited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Barbara Dang		
		(Name of Person)	
	Legalzoom.com, Inc	(Firm/Company)	. September 1915 - Sept
	100 W. Broadway S	Sulte 100 (Address)	······································
	Glendale, CA 9121	0	
,		(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
Barbara Dang		at (323) 962-8600	SEC TALL
(Name	of Person)	(Arva 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)	Certificate of Status & Certified Copy (additional copy is englosed)

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

ACAB BY LEE, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our orida Limited Liability Company)	Lecolds)
The Articles of Organization for this Limited Liab	ility Company were filed on 01/28/201	1 and assigned
Florida document number <u>L11000011806</u>	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	\vec{A}_{lpha}
Acab of Destin LLC		
The new name must be distinguishable and end with the	he words "Limited Liability Company," the	designation "LLC" of the abbreviation
"L.L.C."		A 20 1
B. If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered offic	e address here:	
		9: 3 ORII
		D 1 9:38 STATE FLORIDA
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 Changing Registered Agent, Sizuature of New Registered Agent)

影 表示

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			A DAdd. Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	-2 AH 9:
		ĺĎΑ	38
Dated	See To	of authorized representative of a member	
	Lee James		····
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00