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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: COCO Halus Bout and, JJC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ashly J. Balchel. Name of Person				
Firm/Company				
1234 airport Ra, #105				
Destin, FL 30541) City/State and Zip Code				
OCCUPIE @ Sontember - Sun. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Hame of Person at (80) 837-0650 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\sim \sigma				

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

GANIZATION FILE

*	THE WAY SO WILLIE US
(Name of the Limited Liability Compar (A Florida Limited L	ROLL GUEDNE ILLIU OF STATE IN AS IT NOW ADDRAYS ON ON LIGHTER STATE IN ASSET OF STATE
The Articles of Organization for this Limited Liability Company Florida document number	0 10 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1234 airport Ra
(Principal office address MUST BE A STREET ADDRESS)	Suite 105 Destin, Fl 32541
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N 11
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add Remove
			Remove
			D D om over
			AddRemove
D. If amend	ling any other information, enter	change(s) here: (Attach additional shee	ets, if necessary.)
			SECON.
_			R 26 AM II: 02 HASSEE, FLORIDA
	100 10 - 0		STA.
Dated	3/22/2012.	•	5 R

Page 2 of 2

Filing Fee: \$25.00