L12000045826

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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D. BRUCE

SEP 18 2012

EXAMINER

COVER LETTER.

TO:	Registration Section Division of Corporations		
	•	COAST, L.L.C.	
SUBJ	201.	ed Liability Company	
The e	nclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspondence concerning this matter	to the following:	
	Ke	rry Anne Schultz, Esq.	
		Name of Person	
	Fountain	, Schultz & Associates, P.L.	
		Firm/Company	
	2045 Fount	ain Professional Court, Suite A	
		Address	
	Ni	avarre, Florida 32566	·
		City/State and Zip Code	SEC ALL
	kasc	hultz@fountainlaw.com	
	E-mail address: (to	o be used for future annual report notification	FIL ASS
For fu	urther information concerning this matter, please ca	all:	
	Kerry Anne Schultz	at ()	3535 PE S A S A S A S A S A S A S A S A S A S
-	Name of Person	Area Code & Daytime Telep	shone Number
Enclo	osed is a check for the following amount:		
☑\$	5.00 Filing Fee \$\times \tag{30.00 Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

PBG GULF	COAST, L.L.C.			
(Name of the Limited Liability Com (A Florida Limite	1pany as it now appear ed Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Compa Florida document numberL12000045826	any were filed on	April 2, 2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		SEC SEC	
			SEP	
			17 IARY ASSE	
Enter new mailing address, if applicable:				50
(Mailing address MAY BE A POST OFFICE BOX)	 			
			<u>π</u> ω ω	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, <u>enter t</u>	he name of the new	•
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	Cuy		Zip Couc	

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 Type of Action Title Name **Address MGRM** David Durden 1829 Broyhill Court ✓ Add Pensacola, Florida 32526 Remove Michelle Durden MGRM 1829 Broyhill Court ✓ Add Remove Pensacola, Florida 32526 David Miller MGRM 1150 Fort Pickens Road, Unit C-11 ✓ Add Pensacola Beach, 32561 Remove Shawn Comis MGRM **√** Add 1999 Detroit Avenue Remove Pensacola, Florida, 32534 MGRM Lindsey Meeks 200 Pensacola Beach Blvd, Unit H. ✓Add Pensacola Beach, Florida 32561 Remove Tabatha Comis MGRM 1999 Detroit Avenue **V**Add Pensacola, Florida, 32534 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Registered Agent Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00