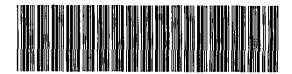
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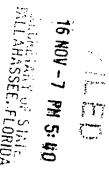
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Coy Holsing LLC Name of Limited Liability Company
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:
Com Holsha
Cry Holsing Name of Person
Gry Holshy, LLC Firm/Company
418 Wiggins Avenue
Pensacola, FL 32505  City/State and Zip Code
City/State and Zip Code  Calto Sing & Comail, Com  E-mail address: (tobe used for future annual report position)
E-mail address: (to/be used for future annual report politication)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

Guy Holsing LL	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
rnew mailing address, if applicable:  In a mending the registered agent and/or registered office address on our records, enter the name of the new ered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  FL 3280S  FL	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	418 Wiggins Ave
(Principal office address MUST BE A STREET ADDRESS)	rensacolar FL 3250S
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	Florida Provida
New Registered Agent's Signature, if changing Registered Agent:	City CZipCode
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this accument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date in	nserted in this block do ve date on the Departm	es not meet the appent of State's reco	plicable statutory fil:	ing requirements, this	date inot iste	ed a
	to canto on the 150partin	on or state 3 reco	143.		**	
record specif	fies a delayed effe	ctive date but	not an effective	time at 17:01 a	m on the carlie	<b></b> .
he 90th day	after the record is	filed.	not an enective	time, at 12.01 a.	.m. on the earne	31 <b>(</b>
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		1///:-				
	Signati	ure of a member or a	uthorized representati	ve of a member		
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Page 3 of 3

Filing Fee: \$25.00