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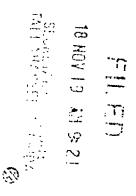
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COVER LETTER

Division of Corporations
SUBJECT: Emerald Coast Subs II, LLC
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:
JONATHAN TRAVIS BROWN
Enerald Coast Subs II, LLC
JONATHAN TRAVIS BROWN Name of Person Emerald Coast Subs II, LLC Firm/Company 763 Old Paper Mill Dr. Address
Marietta, 6A 30067. City/State and Zip Code Itravis brown Dawail-com. Mi-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Tonathan Brown at (404), P22-7482 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

Emerald C	oast Subs II, LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L/2000/156</u> Z	Company were filed on $\frac{12/14/12}{85}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices audress, if applicable: (Principal office address MUST BE A STREET ADD)	RESS) = = = = = = = = = = = = = = = = = =
Trincipal Office address MOST DE ASTREET ADD	#255)
	,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	13
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JAMES E. SHUTTS II	1140 Mendow Vista Dr.	Add
		Maineville, OH 45039	Remove
			Change
AMBR/othe	JAMES E. SITUTTS	1140 Meadow Vista Dr. Maineville, OH 45039	
		Maineville, 6H 45039	Remove
			Change
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ctive date, if other than the date of filing:		(option	داه		
effective date is listed, the date must be specific and cannot be prior to date	of filing or more th			irsuant to	o 605.
: If the date inserted in this block does not meet the applicable st	tatutory filing req	uirements, this d	ate wil	I not be	: liste
ment's effective date on the Department of State's records.					
ecord specifies a delayed effective date, but not an	effective time	, at 12:01 a.r	n. on	the e	arlie
e 90th day after the record is filed.					
/ /.					
. 11/11/10					
d_///////					
d 11/14/18					
V. / Min Fr					
Signature of a member or authorized r	representative of a	niember			

Page 3 of 3

Filing Fee: \$25.00