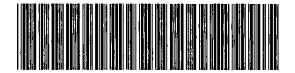
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Office Use Only



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## **COVER LETTER**

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TO:	Registration Section				
	Division	of Cor	noration		

SUBJECT: EAGLE RESTORATION OF DESTIN 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:

ROBERT MUCKE

ENGLE RESTORATION OF DESTIN LLC
Firm/Company

351 Holly STREET
Address

PENSACIIA, FL. 32514

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (850) 4/8 · Zoo/
Area 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) □\$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

EAGLE RES TO RATION OF DESTIN LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on DEC. 20 2012 and assigned Florida document number 4/2000/59 1/0. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: or the abbreviation The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DAVID HAWKINS Name of New Registered Agent: New Registered Office Address:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ERNEST E. SNYBER	351 Holly ST.	Add
		PEWSACOIA, FL. 32514	Remove
MGR	Jesse Bruder		(Add
		9811 FOWLER AVE. LOT 3	Remove
		PENSACOIR, FL. 32534	
<del></del>			Add
		AHC A	Add Remove
		SA MY	
		EORE EORE	Add Remove Remove Add Add Add
			Remove
			<del></del>
			Add
			Remove
			_
			Add
			Remove

). If amen	ding any other inform	ation, enter change(s) here: (Attach additional sheets, ij	(necessary.)
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ated	4-22	, <u>2013</u> .	
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	$\mathcal{D}_{i,\alpha}$	gnature of a memoer of authorized representative of a memoer	
	X 1 6 ET	gnature of a member or authorized representative of a member  27 MCKEE  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 APR 26 PM 14 16
SECRETARY OF STATE