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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## COYOTE UGLY DESTIN, LLC

SUBJECT:

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:

## J. CHRISTOPHER BARR, ESQ.

Name of Person

BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.

Firm/Company

## 221 McKENZIE AVENUE

Address

## PANAMA CITY, FLORIDA 32401

City/State and Zip Code

cbarr@burkeblue.com

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

For further information concerning this matter, please call:

## J. Christopher Barr

<sub>...</sub>850 769-1414

Name of Person

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

COYOTE OGLY DESTIN, LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000012453</u> .	
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:	100 Harbor Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Destin, Florida 32541
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 Harbor Boulevard Destin, Florida 32541
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:	Por B
New Registered Office Address:	Enter Florida street address
	Florida SS
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	STAT 3

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> Add Remove Add Remove Add. Remove

Teb/uary 4, 2013  William of a member or authorized representative of a member WILLIAM S. HENRY, ESQ., its Registered Agent	, ,	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
, ,	ed	February 4 2013
·		
WILLIAM S. HENRY, ESQ., IIS Registered Agent		-
Typed or printed name of signee		
		Page 3 of 3

Filing Fee: \$25.00

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