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K.SALY EXAMINER NOV 16 2015

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SUBJEC	CT:	Destin	Inshore	Guides	LLC	-	
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For furth	ner information	n concerning thi	E-mail address: (to s matter, please call		re annual	report notif	cation)
	Joshua.	calhoon		at (😚	ل)	50a-	- 9170 Telephone Number
	Name	e of Person		Area C	Code	Daytime	Telephone Number
Enclosed	d is a check for	r the following	amount:				
\$25.	.00 Filing Fee	□ \$30.00 Certii	Filing Fee & Ticate of Status	S55.00 Fil Certified (additional	Сору		□ \$60.00 Filing Fee, Certificate of Status a Certified Copy (additional copy is enclose

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

TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	JKGANIZ)F	EATION F// ~
	71'	2000
Destin Inshore	Guides	2015 NOV 12 PM 12: Sany)
(Name of the Limited Liability Comps (A Florida Limited	any as it now app	ppears on our records.)
((*************************************	yp	7/18/2011 ASSEE ESTAIL
The Articles of Organization for this Limited Liability Company	were filed on	n 7/18/2014 and assigned),
Florida document number L 14000 113432		
This amendment is submitted to amend the following:		
, and the second		
A. If amending name, enter the new name of the limited liab	oility company	n <u>v here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	116	Beel PKINY SW
Principal office address MUST BE A STREET ADDRESS)	Ft w	Walton Beach, FL
		32548
Enter new mailing address, if applicable:	116 8	Beal PKWY SW
Mailing address MAY BE A POST OFFICE BOX)	Ft W	Jalton Beach, FL
		32548
B. If amending the registered agent and/or registered o		s on our records, enter the name of the
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	er Florida street address
		", Florida
New Registered Agent's Signature if changing Degistered Agent:	City	Zip Code

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address Type of Action Name** Shalimar, FL 79 7th 5t Collhoon 83 Anna ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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n effecti	ve date is listed, the date m	oust be specific and ca	annot be prior to da	te of filing or more	than 90 days afte	or filing.) Pursuant to 605.02 is date will not be listed
cument	's effective date on the	Department of Sta	te's records.	statutory minigre	qui ements, un	is date will not be fisted
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		Signature of a me	_	d representative of a	a member	

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