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Florida Department of State
Division of Corporations
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To: Division of Corporations
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW MALIBU LOUNGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. BRUCE

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW MALIBU LOUNGE, 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 09/19/14 and assigned Florida document number L14000146682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JOSEPH R. GILCHRIST

9465 SOUTH LOOP ROAD

PENSACOLA, FL 32507

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9465 SOUTH LOOP ROAD

PENSACOLA, FL 32507

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:

Name of New Registered Agent:

JOSEPH R. GILCHRIST

New Registered Office Address:

9465 SOUTH LOOP ROAD

Enter Florida street address

RENSACOLA

City

Florida

32507

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.

Joseph R. Gilchrist
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA LOIS STONE	5514 BOB-O-LINK STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Remove
MGR	JOSEPH R. GILCHRIST	9465 SOUTH LOOP ROAD	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32507	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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STATE OF FLORIDA
CLERK OF SUPERIOR COURT

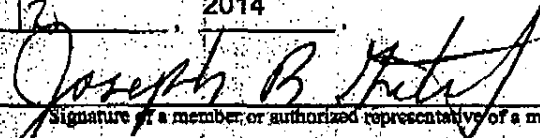
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 12, 2014



Signature of a member or authorized representative of a member

JOSEPH R. GILCHRIST

Typed or printed name of signer

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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