

L15000027342

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 AUG 20 PM 4: 24  
DIVISION OF CORPORATIONS

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2015 AUG 20 P 4: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NKS PENSACOLA 2, L.L.C.

*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:

GIL OSTERLOH

*Name of Person*

BEVERAGE LAW PROFESSIONALS

*Firm/Company*

11275 US HWY 98 STE. 6-305

*Address*

MJRAMAR BEACH, FL 32550

*City/State and Zip Code*

INFO@BEVERAGE-LAW.COM

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

For further information concerning this matter, please call:

GIL OSTERLOH

850 837-9954  
at ( )

*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**

NKS PENSACOLA 2, L.L.C.

(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 02/03/2015 and assigned  
Florida document number L15000027342.

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 contain 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)

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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

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2009 FEB 03 PM 4:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN FITZPATRICK	506 EVENTIDE DR	<input checked="" type="checkbox"/> Add
		GULF BREEZE, FL 32561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	REEDER ENTERPRISES, LLC	506 Eventide Dr	<input type="checkbox"/> Add
		Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	MAYER HOLDINGS, LLC	1255 Spring Street Suite B	<input type="checkbox"/> Add
		Gulfport, MS 39507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	POSITIVE WAVES, LLC	18224 Prairie Dr	<input type="checkbox"/> Add
		Saucier, MS <del>39507</del> 39507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	STONE, BEN	1316 25th Ave	<input type="checkbox"/> Add
		Gulfport, MS 39507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 MISSISSIPPI  
 FLORIDA

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALLEN, HARRY R	1529 Magnolia St	<input type="checkbox"/> Add
		Gulfport, MS 39507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN and SAVANNAH JO BENNET	15208 Lisa Dr	<input type="checkbox"/> Add
		Biloxi, MS 39532	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

[illegible]

**E. Effective date, if other than the date of filing:** 08/01/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 1 2015

Signature of a member or authorized representative of a member

GIL OSTERLOH

Typed or printed name of signee

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2015 AUG 26 P 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA