## L15000073458

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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	





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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

MAR O 4 2016 J. HARRIS

## **COVER LETTER**

Division of Corporations
SUBJECT: Emerald Coast Outhletics, 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:
Tracy Haysfeld Name of Person
Emerald Coast athletics, LLC Firm/Company
7770 Suar Blvd
Pensacola, FI 30514 City/State and Zip Code
Emerald Coast Of Metrics De gnail Con   E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Tracy Hau Steld at (850) 201-8530  Name of Person Area Code Daytime Telephone Number
• Name of reison Area Code Daytime receptione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$}\$

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section
D6/6/00 of CoDo Dations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Colpolations
Clifton Budding
2661 ExeLutive CenteDCtDle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Cmercula Chast ath	Metics LLC
(Name of the Limited Liability Compa (A Florida Limited I	any as it now aphears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000073458</u> .	211221
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	985 Langley ave
(Principal office address MUST BE A STREET ADDRESS)	Kensacola, FI 32504
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7770 Sears Blvd Pensocola, FI 32514
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

Page 1 of 3

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>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Add
		Remove	
	<u> </u>	☐ Change	
		Add	
		□ Remove	
			Change  SEC Add  Add  R
			SECONO Remove  Add  SECONO Remove  FLORIDA  Add  Add
			O7 Add
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
	·
<del>-</del>	
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	o <b>nal)</b> filing.) Pursuant to 605.0207 (3) s date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 approximately. The 90th day after the record is filed.	a.m. on the earlier of:
Dated February 22, 2016.	
Julia A. Carris	(201
Signature of a member or authorized representative of a member  Office Typed or printed name of signee	SECRETE AR
Typed or printed name of signee  Page 3 of 3	-2 PH 3: NRY OF ST SSPELFLOO
Filing Fee: \$25.00	3: 07 STATE LORID