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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Emerald Coast Subs V, 26 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:
Jonathan Travis Brown Name of Person
Emerald Coast Subs V, LLC Firm/Company
763 Old Paper Mill Dr.
Marietta, 6A 30067  City/State and Zip Code  Itravis brown Egmail- Com  E-mail address: (to be used for future annual report notification)
Travis brown Ogmail- Com
For further information concerning this matter, please call:
Tonathan Travis Brown at 404, 822-7482 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee. 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

Emerald Coast S	Subs VILLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LIGOOGO 1814</u>	1. /.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Fig. 70.
(Principal office address MUST BE A STREET ADDR	FC0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 5.
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del>-</del>	, Florida City Zip Code
New Registered Agent's Signature if changing Registered	

#### 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	JAMES E. SITUTTS IL	157 Firchanted Way	
		157 Finchanted Way Santa Rosa Beach, FL	Remove
		32459	Change
		<del> </del>	□ Add
			Remove
			Change
		<del> </del>	Add
			Remove
			Change
		<del> </del>	
		<del> </del>	Remove
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f an effective date <u>Note:</u> If the dat	if other than the da is listed, the date must be e inserted in this block ctive date on the Depa	e specific and cannot be comes not meet the a	e prior to date of filing applicable statutory	or more than 90 days a		
	ecifies a delayed e ay after the record		ut not an effecti	ve time, at 12:0	1 a.m. on the ea	rlier of
Dated//	/14/18		<del>-</del>			
	Sig	gnature of a member o	or authorized represent	tative of a member		
	1	nuthern Trace				

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Filing Fee: \$25.00