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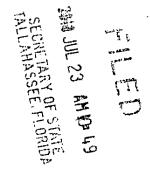
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T. CLINE

JUL 26 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Mr. Z Be	eef Jerky, LLC			
'1		ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
1					
	ال	ulio C. Barbosa, Esq.	•		
		Name of Person	1 .	-	
	- 1	Barbosa Law Office			
		Firm/Company		-	
	2000 D	ana da Laan Bhid. Ci			
	2000 Por	nce de Leon Blvd., Su	11(6 072	-	
		. Tigatos		IN JUL 23 SECRETAR' TALLAHASS	
•	Co	oral Gables, FL 33134	1		1
		City/State and Zip Code		TAS	12 ava
	jbarb	osa@barbosalegal.co	om		124
•		·	ort nottification)		į,
For further information co	ncerning this matter, please c	all:	•	OF STATE	
Julio C.	Barbosa, Esq.	at (305)	421-6339		
Name of			Daytime Telephone Number	er	
Enclosed is a check for the	e following amount:				-
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certifie	iling Fee, ale of Status & ed Copy anal copy is enclosed)	
			,		
Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations ax 6327 ssee; FL 32314	Registration Division of Clifton Bui 2661 Exect	Corporations Iding Itive Center Circle		
<u> </u>		Tallahassec	e, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr. Z Beef	Jerky, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea: Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	01/28/2009	and assigned	
Florida document number L0900009246 .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial Z Puppy		re:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A		De B	
(Principal office address MUST BE A STREET ADDRESS)				
			DE NAMES	
•			Show which	
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)	 ,		L03/15	
			5	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address here.		our records, <u>ente</u>	r the name of the new	
Name of New Registered Agent: N/A		<u> </u>		
New Registered Office Address: N/A				
<u> </u>	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Type of Action **Address** MGR Jose B. Machado Neto 2000 Ponce de Leon Blvd. Remove Suite 625 Coral Gables, FL 33134 Alexandre G. B. Maia MGR Av. Guilherme Schüller, 180 Jundiai - SP CEP 13211-210 Brazil-Remove 61 \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 10 2010 Dated _ Signature of a member or authorized representative of a member Alexandre G. B. Maia Typed or printed name of signee .

Page 2 of 2

Filing Fee: \$25.00