Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (305)599-0839

Fax Number

: (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAROLINA BBQ BRICKELL, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certificate of Status | V       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

| B. KOHR  AUG 1 6 2012  EXAMPLE |            |
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| EXAMINE Proctronic F           | iling Menu |

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETATION OF STATE OF STATE

| Carolir Carolir  | ia BBQ Brickell, Ll                                     | -C                           | \$                      |
|--|---|------------------------------|-------------------------|
| (Name of the Limited Liabil  | ity Company as it now app<br>a Limited Liability Compan | ears on our records.)<br>y)  | 9                       |
| The Articles of Organization for this Limited Liability  |   |                              | and assigned            |
| Florida document numberL10000044765  | ·   |                              |                         |
| This amendment is submitted to amend the following:  |   |                              |                         |
| A. If amending name, enter the new name of the li  | mited liebility company                                 | here:                        |                         |
| The new name must be distinguishable and end with the v  | vords "Limited Liability Cor                            | npany," the designation "L   | LC" or the abbreviation |
| Enter new principal offices address, if applicable:  | ,<br>   |                              |                         |
| (Principal office address MUST BE A STREET AD)   | <u> </u>  |                              |                         |
|  | · · · · · · · · · · · · · · · · · · ·                   |                              |                         |
| Enter new mailing address, if applicable:  | 7   |                              |                         |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                              |                         |
|  |   |                              |                         |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |   | our records, <u>onter th</u> | e name of the new       |
| Name of New Registered Agent:  |   |                              |                         |
| New Registered Office Address:   |   |                              |                         |
|  | ,   | Enter Florida street addr    | 0.53                    |
|  | Ciry  | , Florida                    | Zip Code                |
|  | Çiiy  |                              | mp our                  |

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 Changing Registered Agent, Signature of New Registered Agent

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:

|               | <u>Name</u>  | Address  | Type of Act   |
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Filing Fee: \$25.00