

09/24/2009 11:47 FAX 2159779386

M. BURR KEIM COMPANY

001

Florida Department of State  
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Fax Number : (850) 617-6383

From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

328 PARTNERS I LLC

|                       |         |
|-----------------------|---------|
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SEP 25 2009

EXAMINER

09/24/2009 11:47 FAX 2159778386

M. BURR KEIM COMPANY  
(((H090002072203)))

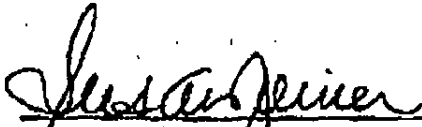
004

FL Special, Inc.  
601 East Main Street  
Immokalee, FL 34143

September 22, 2009

To Whom It May Concern:

FL Special, Inc., previously known as Florida Specialties, Inc. hereby consents that 328 Partners I LLC may use the name Florida Specialties LLC.

  
\_\_\_\_\_  
Susan Joiner, Director

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(((H090002072203)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**328 PARTNERS I LLC**

(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 August 28, 2009 and assigned Florida document number L09000083414.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**FLORIDA SPECIALTIES LLC**

The new name must be distinguishable and end with 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)

601 East Main Street

Immokalee, FL 34142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 East Main Street

Immokalee, FL 34142

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**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:

Myles Strohl

New Registered Office Address:

601 East Main Street

*Enter Florida street address*

Immokalee

Florida

34142

*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 Changing Registered Agent, Signature of New Registered Agent*

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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

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                              | <u>Type of Action</u>  |
|--------------|--------------|---|--|
| MGR          | Myles Strohl | 601 East Main Street<br>Immokalee, FL 34142 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated September 24, 2009

  
Signature of a member or authorized representative of a member

Myles Strohl, Authorized Person

Typed or printed name of signer

Page 2 of 2

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