

L04000005357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

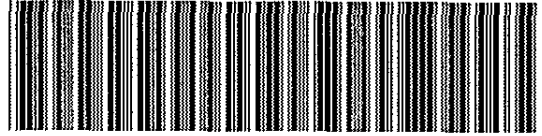
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smokastle 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:

Bryan Hyde  
(Name of Person)

Smokastle LLC  
(Firm/Company)

13942 SW 279<sup>th</sup> Lane  
(Address)

Homeslead FL 32032  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Hyde at ( 305 ) 245 1247  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
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

Smokastle LLC

(Present Name)

(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 1/21/2004 and assigned document number 604000005357.

**SECOND:** This amendment is submitted to amend the following:

I would like to change the name of the  
company from smokastle LLC to  
Newbolt Enterprises LLC.

Dated Dec 18<sup>th</sup>, 2006.

Hude

Signature of a member or authorized representative of a member

Bryan Hude

Typed or printed name of signee

Filing Fee: \$25.00

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