L05000051353

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J. BRYAN
OCT - 7 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: <u> </u>	lame of Limited Liability Company)
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Richa	(Name of Person)
G66.	
<u>450 (</u>	E Las Olas Blvd, Ste 1500
	(City/State and Zip Code) Response (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this mat	ter, please call:
Richard L. Handley (Name of Person)	at (954) 627-5036 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$25.00 Filing Fee \$30.00 Filing Certificate	
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

6-1010 110	vas it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 05000 51353</u> .	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)

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.

(City)

Florida

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>	Address	Type of Action
m <i>b</i> r_	6 LM Rostaurant Consultants In	1200 Holday Drive Ft. Candordale, FL 333/6	Add Remove
m <u>brm</u>	the "H" Group, Inc	450 E Las 6/as B/vd, 5te 1500 Pt. Landerdole, FL 33301	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amo	ending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
-			SECRETARY DIVISION OF CO 08 OCT -6
-			OF STATE OR
Dated	October 1 72008	- Ham	
	Richard L. Han	authorized representative of a member Secretary printed name of signee	
	•••	Page 2 of 2	

Filing Fee: \$25.00