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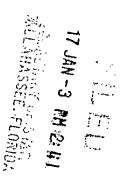
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TO:	Registration Se Division of Cor		• • • • • • • • • • • • • • • • • • •			
SUBJE		GROUP, LLC.				
SCBIL		Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		IRENE WEISBURD		·		
			Name of Person			
		WEISBURD, EISEN & P	OSSENTI, PA			
		Firm/Company				
			Address			
		WESTON, FL 33331				
		irenew@weisburd-eisen.co	Is) are submitted for filing. Inis matter to the following: JRD Name of Person SEN & POSSENTI, PA Firm/Company VE PARK DRIVE #104 Address 3331 City/State and Zip Code I-cisen.com I address: (to be used for future annual report notification) It please call: at (
		E-mail address: (to be used for future annual report notification)				
For furtl	her information c	oncerning this matter, please ca	all:			
IRENE	WEISBURD					
	Name o	f Person .	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25.	.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status		□ \$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

SURBEU/COURIER ADDRESS:
Registration Section
Division of Corporations
Ciffon Building
2661 Executive Center Circle
Tallahassee Dus 3230)

,ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAISUC GROUP, LLC.	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on May 27, 2005 and assigned
Florida document number L05000053203	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
PITAPLEX, LLC	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
	
Enter new mailing address, if applicable:	The A
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or register	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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an effective date is listed of the listed of the listed of the date insert	, the date must be sped in this block d	xecific and cann oes not meet t	ot be prior to da the applicable	te of filing or mor statutory filing :	e than 90 days after requirements, thi	filing.) Pursuant to s date will not be	605.020 listed a
ocument's effective d	ate on the Depart	nent of State	s records.	····-			
e record specifies	a delayed effor er the record i	ective date, s filed.	, but not an	effective tin	ne, at 12:01 a	a.m. on the ea	arlier o
The 90th day after		•					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00