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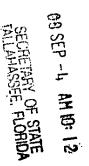
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M. THOMAS

SEP - 5 2008

EXAMINER

COVER LETTER

		 	•	
TO: Registration Se Division of Cor				
SUBJECT: PATE		OROUP LLC ited Liability Company)		
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	PATE MAR	(Name of Person) (Name of Person) (ETING GROUP, L (Firm/Company)	-LC	989
	Z920 DRANE	FIELD RD.		OB SEP -4
	LAKELAND	FL 33811 (City/State and Zip Code)		AH 10: 12
For further information c	oncerning this matter, please c	all:	· .	
13RYAW (Name of	A. PATE of Person)		2134 . ne Telephone Number)	_
Enclosed is a check for the	ne following amount:			`
□ \$25,00 Filing Fec	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fe Certificate of S Certified Copy	tatus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATE MARKETI	NG COOKE !!	C
(Name of the Limited Liabi	lity Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit		/16/2006 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		OB SE
(Principal office address MUST BE A STREET AD	DRESS)	到了当
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SET OF STATE OF THE STATE OF TH
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:	BRYAN A. T	ATE
New Registered Office Address:	(Enter	· Florida street address)
		, Florida
-	(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)

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>	Name	Address	Type of Action			
MGR	ANTHONY L. PATE	2920 DRANE FIELD RD. LAKELAND FL 33811	Add Remove			
MGR	BRYAN A. PATE	2970 DRINE FIELD RD. LAKELAND FL 988 33811	Add Remove			
			Add G			
			ARCHARCA STATE			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)				
. —		· · · · · · · · · · · · · · · · · · ·				
_			<u> </u>			
Dated	JUNE 15 , 200	a C. Pas				
	Signature of a membe	or printed name of signes				

Page 2 of 2

Filing Fee: \$25.00