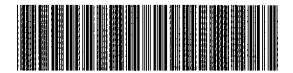
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SECRETARY OF STATE
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J. BRYAN

SEP - 2 2010

EXAMINER

COVER LETTER

10.	Division of Corp				
SUBJE	·CT·	FOOD	GANG, LLC.		
SUBJE			ited Liability Company	-	
The end	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		F	FREDERIC BARTHE		
			Name of Person	-	
•			Firm/Company	 	
•		1 E. BI	ROWARD BLVD., STE 700		SE 5
		EODT	Address	ָ רַ	FILED MID: 14
		FORT	LAUDERDALE, FL 33301 City/State and Zip Code		SSE
		FMB E-mail address: (@BARTHE-LEIGH.COM to be used for future annual report notificat	ion)	E FLOR
For furt	ther information cor	ncerning this matter, please o	eall:		RIDA
,	FREDE Name of J	RIC BARTHE	at (954) 52 Area Code & Daytime To	23-5555	
	Name of	CISOR	Area Code & Daytime 1	erephone Number	
Enclose	ed 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 Certificate o Certified Co (additional c	f Status &
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FOOD GANG, L	LC.		
(<u>Nam</u>	e of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears Company)	on our records.)	
The Articles of Organization for	this Limited Liability Company were file	ed on	06/01/2006	and assigned
Florida document number	L06000056267			. 6
This amendment is submitted to	amend the following:		•	FILE SI MO:
A. If amending name, <u>enter fl</u>	ne new name of the limited liability con	<u>ipany here</u>	:	野りと
The new name must be distinguish "L.E.C."	able and end with the words "Limited Liabi	lity Compan	y," the designation "L	LC" or the abbreviatio
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	TBE A STREET ADDRESS)			
Enter new mailing address, if	applicable:		 	
(Mailing address MAY BE A P	OST OFFICE BOX)			
	ed agent and/or registered office add w registered office address here:	lress on ou	ır records, <u>enter t</u>	he name of the nev
Name of New Register	ed Agent:		-	
New Registered Office	Address:			
		Ente	er Florida street add	ress
			, 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 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** Blue View Management MGR ☐ Add 2455 F. Sunrise Blvd., Ste 602 Fort-Lauderdale, FL-33304 ☐ Add Remove □ Add ☐ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8/30 Dated_ Signature of a member or authorized representative of a member Frederic M. Barthe, Esq.

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00