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(Ad	ldress)	_
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Hogs Breath, L.L.C.	
(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:	
Michael D. LaBarbera	
(Name of Person)	
LaBarbera & Campbell, Attorneys	
(Firm/Company)	
1907 W. Kennedy Blvd.	
(Address)	
Tampa, FL 33606	06 SS
(City/State and Zip Code)	LUA JUN 1
For further information concerning this matter, please call:	FILED 126 A ENSSE
Michael D. LaBarbera at (813) 251-1940	FILED 06 JUN 26 AH 10: 00 SECRETARY OF STATE FLORIDE FALLAHASSEE. FLORIDE FEORIDE FE
(Name of Person) (Area Code & Daytime Telephone Nu	mber) DATE O
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional c	f Status &

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

<u>—</u>	Ogs Breath, L.L.C. (Present (A Florida Limited I	Name) Liability Company)	_		
FIRST:	The Articles of Organization were filed on document number L06000056628	y 30. 2006 and assigned			
SECOND:	OND: This amendment is submitted to amend the following: Article II - Address: is amended to reflect correct zip code:				
	Principal Address:	Mailing Address: ≥	06 JI		
	5015 E. Hillsborough Ave.	5015 E. Hillsborough Ave.	- N 2	FILE	
	Tampa, FL 33610	Tampa, FL 33610	知の思	E	
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Dated Ju	ine 23 , 2006				
	Muhan OCS Sh				
	Signature of a member or author	ized representative of a member			
	Michael D. LaBarbera				

Filing Fee: \$25.00

Typed or printed name of signee