

LD000059758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 31 2009

EXAMINER



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08/28/09--01018--008 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 28 AM 8:12

ALLISON E. FOLDS †  
S. SCOTT WALKER

**FOLDS & WALKER, LLC**  
ATTORNEYS AT LAW

L. ALISON WALKER  
TOSHA D. FERNANDEZ  
NORMAN BLEDSOE

527 EAST UNIVERSITY AVENUE  
POST OFFICE BOX 1775  
GAINESVILLE, FLORIDA 32602

TELEPHONE (352) 372-1282  
FAX (352) 375-9960

† Certified Family & Circuit  
Civil Mediator

August 27, 2009

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: MT's CHOP HOUSE, LLC  
Doc. No.: L06000059758

Dear Sir/Madam:

Please find enclosed Articles of Amendment to Articles of Organization for the above referenced limited liability company. Also, please find enclosed check number 9045 in the amount of \$25.00 for the filing fee.

Should you have any questions or need anything further, please do not hesitate to contact me.

Very truly yours,

FOLDS & WALKER, LLC

A handwritten signature in black ink that reads "S. Scott Walker" with a stylized flourish at the end.

S. Scott Walker, Esq.

SSW/law

Enclosures (as stated above)

Cc: Mark Terheggen  
Ana Arteaga  
Joseph Wattleworth

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MT's Chop House, LLC

Page 1 of 2

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

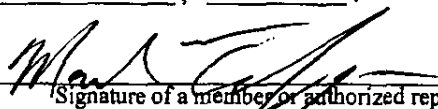
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Joseph Wattleworth</u>	<u>19751 NE 87th Lane</u> <u>Williston, FL 32696</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Mark Terheggen

Typed or printed name of signee