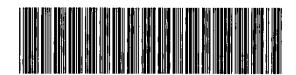
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(Requesto	or's Name)		
(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Uncle Carlos Gelafo LLC (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:						
Stacey Sacco (Name of Person) Uncle Carlos Gelato LLC (Firm/Company) 400 Mariner Bay Blub (Address) Fort Pierce Florida 34949 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Person) at (810) 523-8506 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}						

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JAN 14 PM 2: 58

(Name of the Limited)	Liability Company as it now appears on of Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	_	_	
Florida document number L060006		<u> </u>	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation	
B. If amending the registered agent and/o	r registered office address on our r	ecords, enter the name of the new	
registered agent and/or the new registered off		ecolds, ener the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter F	lorida street address)	
	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis	roper and complete performance of my	y duties, and I am familiar with and	

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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 = I MGRM :	Manager = Managing Member	Phease	add his	mame to	Uncle	Carlos	Yal
<u>Title</u>	<u>Name</u>		Address			Type of	
MGRM	Carlo S	DACLO	400 M	Pierce, FI	BAY 4949	Add Remo	ve
	. <u></u>					Add Remo	ve
						Add Remo	ve
						Add Remo	ve
						Add Remov	e
	 					Add Remov	e
D. If amo	ending any other informa	tion, enter change(s	s) here: (Attach a	dditional sheets, if	necessary.)		
- - -						08 JAN J4 PM 2:58	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated	1-11-08 Steen	hature of a member or	authorized represe	ntative of a member			0,
	Stace	SA <u>CCO</u>	printed name of sig	mee		<u>-</u>	

Page 2 of 2

Filing Fee: \$25.00