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EXAMINER



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COVER LETTER

OVER DETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Summer Field Beef'S, LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
James Humboldt Name of Person				
FSC Franchise Co, UC				
5510 W Lasalle St				
Jampa FL 33407. City/State and Zip Code				
165/640 belfobradys .Com E-mail address: (to be used for future annival report notification)				
For further information concerning this matter, please call:				
Lesley O'Malley at (813, 2211-2333 X+ 383) 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{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				
MAILING ADDRESS: STREET/COURIER ADDRESS:				

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Summerfield	Beef's, L	LC		
Summerfield (Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>LOWOOO715</u> .75	y were filed on <u>07/<i>04</i></u>	2/2007 and assi	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the o	designation "LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	4.4.	19 1. h		
		47	30	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		T-10 (18)	<u> </u>	
	4	24	<u> </u>	
		to the same of		
B. If amending the registered agent and/or registered or registered office address he		rds, enter the name of	the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, If changing Registered Agent	<u>:</u>			

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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Towers, JAY	8810 EAGK Watch DR RIVERVIEW, FL 33569	Add X Remove
MGR	Towers, Christine	8810 EAGIC Watch DR Riverview, FL 33569	Add Remove
MGR	Elliott, Chris	5510 W. LaSalle St Tampa, Fr. 33607	Add Remove
			Add Remove
	<u> </u>		Add Remove
	·		Add Remove
D. If amend	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	~
			- - -
Dated	8/3/-11	WHAI	_
	Sames Hun	r authorized representative of a member MBOLD	

Page 2 of 2

Filing Fee: \$25.00