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COVER LETTER

TO: ' Registration Section Division of Corporations		p.
SUBJECT: Hooch & Holly's Name of L	On-Line, LLC	: .
Name of L	imited Liability Company	•
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Candace	E. Abuvala Name of Person	
	V's On-Line, LLC (to As	be known <u>s Roux 3</u> 0a,44c)
114 Logan	Lane, Suite#1	
	City/State and Zip Code	
	Vala@aol.com ss: (to be used for future annual report notificati	ion)
For further information concerning this matter, plea	se call:	
Candace Abuvala Name of Person	at (<i>850</i>) 225-095 Area Code & Daytime Te	50 elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$	□\$55.00 Filing Fee & S Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & 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**

(Name of the Limited Liability Compa (A Florida Limited I	n-Line, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOO/20995</u> .	were filed on 12/20/2006 Ceffective 01/01/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
Roux 30a, LLC The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	114 Logan Lane Santa Rosa Beach	Suite#1 , FL 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114 Logan Lone, Santa Rosa Beau	Suite#1 ch, FL 32459
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:	< not applicable >	<u> </u>
New Registered Office Address:	Enter Florida street	addrass
	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. (not applicable)

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Nikhil A.	COROCEPECTO CONTROL CO	Add	
	Abu	vala 24 North Palm. Freeport, F	Sand Rd. L 32439 Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
			Add	
			Remove	
	,		Add	
			Remove	

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<pre></pre>
_	
Dated	January 21, 2013.
	("alenvala
	Signature of a member or authorized representative of a member
	Candace E. Abuvala
	Typed or printed name of signee

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Filing Fee: \$25.00