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SECRETARY OF STATE
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J. BRYAN

JUL -5 2011

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJECT: B		Big Johnsor	n's Enterprises LLC	
0000			ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	return all corresp	ondence concerning this matter	r to the following:	
			Nick Wilmot	
			Name of Person	CREE I
		Deb	bie's Accounting Service	
			Firm/Company	Fig. 3
			3575 Southside Blvd	TARK OF STATE
			Address	
		J.	acksonville, FL 32216	·
			City/State and Zip Code	
		E-mait address: (tomcrego@aol.com to be used for future annual report notifi	cation)
For furt	her information of	concerning this matter, please o		
		lick Wilmot	at \	733-4547
	Name o	of Person	Area Code & Daytime	e Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Cerulahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Johnson's Enterprises LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	•
The Articles of Organization for this Limited Liability	Company were filed on	3/28/2007	and assigned
Florida document numberL0700026148			SECO L
This amendment is submitted to amend the following:			ETARY ETARY
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	JUL-1 PH 2: C
The new name must be distinguishable and end with the w.L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbrevia
Enter new principal offices address, if applicable:	,		
Principal office address MUST BE A STREET ADI	ORESS)		
			•
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
8. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	tress
	Cis	, Florida	Zip Code •
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

Type of Action <u>Title</u> Name **Address MGRM** Sheri Medlar 10744 Crescent Ln ☑ Add Clermont, FL 34711 Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 23 2011 Dated_ periber or authorized representative of a member David Johnson Typed or printed name of signee

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