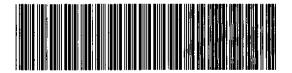
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## **COVER LETTER**

TO: Registration Section  Division of Corporations				
SUBJECT: AUSTRALIAN MEAT PIE GROUP 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:				
KYLIE M. SIMPSON Name of Person				
AUSTRALIAN MEAT PIE GROUP LLC				
1265 NE FLORA PLACE				
TENSEN BEACH FL 34957  City/State and Zip Code  Info O outback - Kitchen. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KYLIE · M - SIMPSON at 954 993 3648  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:    \$\$\text{\$\				

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



Zip Code

AUSTRALIAN MEAT PIE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on APRIL 26+2007 and assigned Florida document number L0700044722
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

## 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.

City

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 = Manager

MGRM = Ma	naging Member		
<u>Title</u>	Name ,	Address	Type of Action
MGRM (Ploase	JACKIE FOUTZ REMOUE)	156 WEST END BOULDARD WINSTON - SALEM NC 27101	Add Remove
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	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF C 10 DEC -2
Dated Nove	mber 29th, 201 Chylle M. Sump Signature of a member of	O or authorized representative of a member	OFFORATION
	KYLIE M SII	mPSON or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00