L07000057084

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CANGER OF CORPORATIONS

J. BRYAN
NOV 1 7 2008
EXAMINER

COVER LETTER

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TO: Registration Sec Division of Corp				
SUBJECT: Carbone	Sausage Co., LLC	ead Liabilia, Commany		
	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	John Carbone			
		(Name of Person)		
	Carbone Sausage Co., L			
		(Firm/Company)		
(Firm/Company) 8653 C.R. 614A (Address)			081 081	
		(Address)		夏 夏黑
	Bushnell, Fl 33513			- 9777 - 9777 - 9777 - 9777
		(City/State and Zip Code)		₹ 399°
For further information co	ncerning this matter, please or	all:		DB NOV 14 AM 11: 47
John Carbone		at (352) 793-6676		
(Name of Person) (Area Code & Duytime Telephone Numbe		clephone Number)	_	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee Certificate of S Certified Copy (additional cop	tatus &

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

PHONE NO. : 7906

Nov. 16 2008 01:07PM P4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB HOW I'V HALL: LT

Carbone Sausage Co. LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 30th, 2007 and assigned

Florida document number L07000057084

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 "LLC."

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Tampa

United States Corporations Agents Inc.

13302 Winding Oaks Blvd., Suite A-100

(City)

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

(Enter Florida street address)

Florida 33612

(Zip Code)

MGR = Manager

If smending 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:

Name	Address	Type of	<u>Actio</u>
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November 10. 2008		- -	
		ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remov Add Remov

Page 2 of 2

Filing Fee: \$25.00