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T. HAMPTON

AGG -3 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ECT:	Exclusive	ly Garrison's, LLC				
			nited Liability Company				
The en	closed Articles of	f Amendment and fee(s) are su	ibmitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:				
		Mr. Gary Stuart Witten					
			Name of Person				
Gar		Gary S	tuart Witten Consulting	ı, LLC			
 			Firm/Company				
			1712 Johnson Street				
			Address				
		Но	Hollywood, FL 33020-3606				
			City/State and Zip Code				
garystuartwitten@hotmail.co E-mail address: (to be used for future annual report				om ert notification)			
For fur	ther information	concerning this matter, please	•	·			
		y Stuart Witten	at (_954_)	557-2557			
	Name (of Person	Area Code &	Daytime Telephone Number			
Enclose	ed is a check for t	he following amount:					
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist Divisio	ANG ADDRESS: ration Section on of Corporations ox 6327	Registration	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE OIVISION OF CORPORATIONS

Exclus	sively Garrison's, LL0				
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appea da Limited Liability Company)	ers on our records.)			
The Articles of Organization for this Limited Liability	y Company were filed on	09-13-2007	and assigned		
Florida document numberL0700093429	·				
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :			
Gary Stua	rt Witten Consulting, LL	.c			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	·				
	·				
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the nev		
registered agent and/or the new registered office a	ddress here:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	Citv		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

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 = M MGRM =	lanager Managing Member		
<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>	Please edit the existing 'Gary		
_	Gary Stuart Witten - MGR'. Th	nank you.	SECRETAF DIVISION OF 11 AUG -
– Dated	July 28 ,	<u>2011</u>	N OF STATE CORPORATE AN IN STATE OF STATE CORPORATE CORP
	Signature of a	member or authorized representative of a member Gary Stuart Witten	E IONS
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00