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SECRETARY OF STATES OF STATES OF CORPORATIONS

T. HAMPTON

MAR 2 9 2010

EXAMINER

# **COVER LETTER**

TO: • Registration Secti Division of Corpo	on rations		·		
SUBJECT: The Dairy Fairy LLC					
	Name of Limi	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Jessi	Name of Person			
	The D	Oiry Fairy, L	16		
	8918	Abbott Ave	<del></del>		
	Sx FS;	Address  City/State and Zip Code  CSUNCISS  Cobe used for future annual report notifications.	mail con		
For further information cond					
Jessica 1	USUS Prson	at ( 365-527	1-7162 elephone Number		
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)		
MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:		

### 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

The Dairy F	airs H	<u>C</u> .		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now an imited Liability Compa	opears on our records. iny)	)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	2-4-08	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u> t	ted liability company	here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Co	ompany," the designation	on "LLC" or the abb	oreviation
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)		<del></del>	- SC - SC - SC - SC - SC - SC - SC - SC
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Futer war wailing address if applicable.			 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			~ ~	O'S
Mauning address MAT BE A FOST OFFICE BOAT			9	
	<del></del>			AS THE
B. If amending the registered agent and/or registored agent and/or the new registered office addr		on our records, <u>en</u> t	ter the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	address	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	l ∆σent•			

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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	George Weiss	9273 Collin	S AVR #209 □ Add □ Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sh	heets, if necessary.)
_			MAR 26 P
Dated	Maxella 24 . 25	<u>510</u> .	OF STATE OF A POR A PIONS
	reser /	or authorized representative of a	member

Page 2 of 2

Filing Fee: \$25.00