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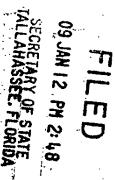
(Requestor's Name)			
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D. BRUCE

JAN 1 3 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: King Fowee 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:	
Joshua Fouce (Name of Person)	
Bad Ass Coffee Co. (Firm/Company)	
1208 B Capital Cir. S.E. (Address)	_
Tallahassee FL 32301 (City/State and Zip Code)	O9 JAN SECRET
For further information concerning this matter, please call:	MI 12 PH
Toshuc Fowee at (850) 877-5999 (Name of Person) (Area Code & Daytime Telephone Number)	PH 2: 48 PF STATE E. FLORIDA
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	io Fee

### **MAILING ADDRESS:**

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec	ords.)
The Articles of Organization for this Limited Liability Company Florida document number LOSOOOW838.	were filed on May 14th	2008 and assigned ANA
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	oility company here:	L F D
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the desi	gnation "LLC of the appreviation
Enter new principal offices address, if applicable:	1208 B Cap	ital Cir. S.E.
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee	ital Cir. S.E., ,FL 32301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1208 B Cayo Tallahassee,	FL 32301
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter 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 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 MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	John R. Fowee	118 S.F. 30th Ave. Boynton Beach, Fr. 33435	Add Remove
MGR	Brandon King	H49 High Point Lane Tallahassee, FL 32301	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessa	ry.)
		:	F 1 09 JAN 12 SECRETAR
			E SE
Dated Jan	Joshu -	Lawrence 1	<b>5.7 \(\omega</b>
	Joshua Fower	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00