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M. THOMAS

OCT - 8 2008

EXAMINER

COVER LETTER

TO: Registration Sp Division of Cor				
SUBJECT: Romano	cing The Heart Cate (Name of Lin	ering, LLC nited Liability Company)		0
	Amendment and fee(s) are suindence concerning this matte	_		
	Tabitha Butler	(Name of Person)		
	Romancing The Heart, I	LLC (Firm/Company)		
	P.O. Box 831098	(Address)	, 	•.
	Ocala	FL 34483	· · · · · · · · · · · · · · · · · · ·	
	oncerning this matter, please			PILED 03 OCT -7 AM IO: 05 SECRETARY OF STATE PALLY SEEF FLORIDA
Tabitha Butler (Name of	of Person)	at (352) 875-1876 (Area Code & Daytime T	'elephone Number)	7 AM 10: 0
Enclosed is a check for th	e following amount:			Şm aı
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

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

Romancing The Heart Catering, LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appe liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company	were filed on Ju	ıly 07, 2008	and assigned
Florida document number L08000065449			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company h	<u>ere</u> :	
Romancing The Heart, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Com	pany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8 Water Track	c Trail	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, Florida 34472		至(2 , 8
			<u> </u>
			P. S. J.
Enter new mailing address, if applicable:	P.O. Box 831	098	Mo 3
(Mailing address MAY BE A POST OFFICE BOX)	Ocala	FL	34483 G G G G G G G G G G G G G G G G G G G
	*************		र्जून प
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	· 		
New Registered Office Address:		Entar Florida stress	t address)
	(Enter Florida street address)		
	(City)	, Florida	(Zip Code)
	(Cny)		(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
Manager to the state of the sta			Add Remove
			Add Remove
			Add & Remove
			Add Over STATE
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar)	·.)
Dated Octob	Yalitha Bolte	008 /	·
	Signature of a me	mber or authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00