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Division of Corporations

Fax Number : (850)617-6383

Account Name : L & I GALLO, INC. Account Number : 112177003150

Phone : (954)424-7239

Fax Number : (954)472-9280

AMND/RESTATE/CORRECT OR M/MG RESIGN

CHOP VU LOUNGE LLC

Certificate of Status	0
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JUN 2 4 2009

Electronic Filing Menu Corporate Filing Menu

HEXAMINER

ARTICL'ES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CHOP VU L	OUNGE, LLC		
(<u>Name o</u> the Limited Liabil ty Comy (A Florida Limited	pany as it now appears I Liability Company)	on (ur records.)	
The A cicles of Organization for this Limited Liability Compare Florid: document number	•		and assigned
This a handment is submitted to amend the following:			
A. If: mending name, enter the new name of the limited lie	ability company here	:	
TRONIC WIF	RELESS, LLC		
The ne / name must be distinguishable and end with the words "Linub, L.C."	mited Liability Compan	y." the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			A _S
(Princ pal office address MUST BE A STREET ADI)RESS)			— FC Ju
Enter 1ew mailing address, if applicable: (Maili 2 address MAY BE A POST OFFICE BOX)			N 23 AM 8: 46 TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or reg stered of registered agent and/or the new registered office address he	office address on ou ere:	ir records, <u>enter tl</u>	ie name of the new
Name of New Registered Agent:	•		· · · · · · · · · · · · · · · · · · ·
New Registered Office A Idress:	Ente	r Florida street addi	ess
 	City	, Florida	Zip Code
No. 10 No. 14 No. 14 No. 15 No. 16 No	•		Zīp Coae
New R gistered Agent's Signature, if changing Registered Agen	t:		

I here, y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions 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 iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability compc ty has been notified in writing of this change.

lf Changing Registered Agent, Signature of New Registered Agent

If and iding the Managers or M inaging Members on our records, enter the title, name, and address of each Manager or Ma laging Member being added or removed from our records:

<u>le</u>	<u>Name</u>	Address	Type of Action
			Add
			
			— .
			Add Remove
)
			· -
lf: men	ding any other information, ent	er change(s) here: (Attach additional she	
.			09 JUN 23 SECRETARY ALLAHASSEE
			N23 AI
ed	JUNE 23		STATE LORIDA
	S.gnati	ing III	einber

Page 2 of 2

Fling Fee: \$25.00