

L08000/04945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

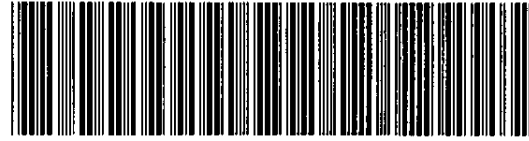
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OCT - 3 2011

EXAMINER



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09/30/11--01010--010 **25.00

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11 SEP 30 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOT PICKLES AT AVENUES 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:

HEATHER DOUGLAS
Name of Person

TAX ADVANTAGE INC
Firm/Company

1201 NORTH THIRD STREET
Address

JACKSONVILLE BEACH, FL 32250
City/State and Zip Code

HEATHER1040@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER DOUGLAS at (**904**) **241-0050**
Name of Person Area Code & Daytime Telephone 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)

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**

HOT PICKLES AT AVENUES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/12/2008 and assigned Florida document number L08000104945.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10140 PHILLIPS HIGHWAY

JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9743 TAPESTRY PARK CIRCLE

UNIT 254

JACKSONVILLE, FL 32246

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 SEP 30 PM 2:46
FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SERPIL ERGSI

New Registered Office Address:

9743 TAPESTRY PARK CIRCLE, UNIT 254

Enter Florida street address

JACKSONVILLE

, Florida

32246

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

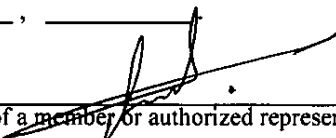
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bagher A Gharyaghi	10140 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FAREED A AHMADY	5107 UNIVERSITY BLVD W JACKSONVILLE, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SERPIL ERGISI	9743 TAPESTRY PARK CIRCLE UNIT 254 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 09/28/2011



Signature of a member or authorized representative of a member

BAGHER A GHARYAGHDI

Typed or printed name of signee