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S. HAWKES

JUL 2:7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE PAIN Name of	TED PICHLE LLC FLimited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	natter to the following:
	Name of Person
<u></u>	Firm/Company
1965	NE. 19 PL Address
	City/State and Zip Code
LOU.LS (W) E-mail add	City/State and Zip Code BERUN (ONSULT) WGG ROUP. Com ress: (to be used for future annual report notification)
For further information concerning this matter, pl	
LOUIS BERLIN Name of Person	at (305) 778 7971 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Sta	Status Status & 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

1 1 1 m

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 DAINTED F	PICKLE, UC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 090000510</u> 3	vere filed onand assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "DLC" or the abore justion		
Enter new principal offices address, if applicable:	NAR 2		
(Principal office address MUST BE A STREET ADDRESS)	A TO		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FLORIDA FLORIDA		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new</u>		
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

<u>Title</u>	Name	Address	Type of Action
MORM	RUDIN, DAVID A.	20225 NE 34 CT, # AVENTURA, FL 33180	Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
***************************************			IAS Add Add Add Add Add Add Add Add Add A
	· · · · · · · · · · · · · · · · · · ·		24 Jacker 2:
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessar	
	71		
Dated	7 70 , 2009	authorized representative of a member	·
		LOVIS BURLIN	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00