L09000006435

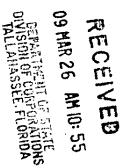
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T. CLINE
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EXAMINER

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SECRETARY OF STATE



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DAYISION OF COMPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2009

JIM STOCK 3535 ROBERTS AVENUE TALLAHASSEE, FL 32311

SUBJECT: SMOKEHOUSE, L.L.C. Ref. Number: L09000006435

*We have received your document for SMOKEHOUSE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are removing the registered agent you must designate a new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00010240

O9 MAR 31 AM 9: 33
SECRETARY OF STATE
TALL AHASSEF, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SMOKE ITOUSE (Name of Limited L	L. L. C. Liability Company)
The enclosed Articles of Amendment and fee(s) are submittee. Please return all correspondence concerning this matter to the	
	Name of Person)
	(Firm/Company)
	(Address) 2 FC 323// //State and Zip Code)
For further information concerning this matter, please call:	
Name of Person)	at (3/4) 324-013 0 (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 & Scertified Copy (additional copy is enclosed) \$\sigma \frac{1}{2} \frac{60.00}{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

(Name of the Limited Lia (A Flo	bility Company orida Limited Lia	y as it now appears on ou ability Company)	ur records.)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company v	vere filed on		and assigned
This amendment is submitted to amend the followir	ıg:			
A. If amending name, enter the new name of the	e limited liabili	ity company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Company," the	e designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable	:		∵. 4	
(Principal office address MUST BE A STREET A			ALI SE(2
			Añ	- TI
			TAR AS:	ω <u></u>
Enter new mailing address, if applicable:				Z
(Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>			<u> </u>
,			OR TA	<u>ü</u>
			DA.	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our rec	cords, enter the n	ame of the nev
regional de agent and/or the new registered office	<u>agui coo nei e</u> .			
Name of New Registered Agent:	ANNA	KING-		
New Registered Office Address:	4176	APACKHEE	= PKWY	
THI	14 HMSEE	APACKHEE FL (Enter Flo	rida street ad d ress,)
				
N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(City)	(Z	(ip Code)
New Registered Agent's Signature, if changing Regis	tered 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.

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
PESIDENT 46-ENT	Jim Stock	4176 APALACHEE P	123/1
Huster	Jim 570ck	4176 APALACHEE TALLAHASSEE FL 32	Add Add Remove
Monthey	SALLY STOCK	TANIAHUSSEE EC 3	Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ing any other information, enter ch	nange(s) here: (Attach additional sheets, if nec	essary.)
			091 SEC
	•		MAR 31 A
Dated		 Eb_4	M 9: 33 OF STATE FLORIDA
	Signature of a mer	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00