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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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09 JUL 21 MH II: 35
SECRETARY OF STATION ANASSEE FLORID

N. Outline JUL 22 2009

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Big Daddy Name of L | Huto Sales LLC imited Liability Company |
| The enclosed Articles of Amendment and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Donto | M. Carretero |
| <u>Big</u> | Daddy Acto Sales, 11C |
| 9481 8 | . Orange Ace |
| _ Orland | City/State and Zip Code |
| Dradadiy | BUTOS YONOV. COM ss: (to be used for furfire annual report notification) |
| For further information concerning this matter, plea | se call: |
| Doric M. Carretero Name of Person | at (40), 697-7-932 Area Code & Daytime Telephone Number |
| | The cost of the profit value. |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee & Certificate of Statu | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 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

FILED

| | Or. | | 54 | |
|--|--|---------------------------------------|---------------------|--------------|
| Bia Dadda Ar | of the the | os UP | 09 JUL 21 | |
| Name of the Limited Libbility C | ompany as it now | appears on our reco | SECRETARY (| OF STATE |
| (Attorida Lin | mited Liability Comp | pany) | | . · LOMBA |
| The Articles of Organization for this Limited Liability Con | mpany were filed o | m 13109 | and as | signed |
| Florida document number LD9 10001024 | 06 | 1 , , | | |
| | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limite | d liability compa | ny here: | | |
| | a zatome, company | <u> </u> | | |
| The new name must be distinguishable and end with the words "L.L.C." | s "Limited Liability | Company," the design | nation "LLC" or the | abbreviation |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRE | (22) | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | ·-···································· | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · - | | | |
| Manuag address MAT BE A FUST OF FICE BUX) | | | | |
| | ************************************** | | | |
| B. If amending the registered agent and/or register | red office address | s on our records. | enter the name of | of the new |
| registered agent and/or the new registered office addre | | ,, | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| Enter Florida street address | | | | |
| | | ww. | -ida | |
| | City | , rio | rida | <u> </u> |

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 **Title** Name <u>Address</u> **Type of Action** Doric W. arretero ☐ Add | Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Carretero Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00