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Special Instructions to	Filing Officer:			
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2010 APR 14 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIO

T. CLINE

APR 15 2010

**EXAMINER** 

## **COVER LETTER**

10:	Division of Co					
CUD IE	CT.	Fat Rat	s Lounge, LLC			
SUBJE	.c.:		Name of Limited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
<u> </u>			Jason S Turner			
			Name of Person			
		F	at Rats Lounge, LLC	,		
			Firm/Company		781 7A	
_			400 S Sanford Ave		2010 APR 14 SECRETARY TALLAHASS	
			Address	·	R TA	il and
•			Sanford, FL 32771			1
			City/State and Zip Code		F SI	\$
		Amano E-mail address: (	la@exactplumbinginc.com to be used for future annual report notifica	tion)	AM 10: 42 OF STATE EE, FLORIDA	
For fur	ther information	concerning this matter, please c	ali:			
		son S Turner	at (	88-2317		
	Name	of Person	Area Code & Daytime 1	Celephone Number		
Enclose	ed is a check for t	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liab	pility Compan	inge, LLC iy as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number		were filed on	4/15/2009	and assigned	
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabi	lity company here	;		
	N/A			7 2	
The new name must be distinguishable and end with the 'L.L.C."	words "Limit	ed Liability Compan	y," the designation "	Lice for the bbreviation	1
Enter new principal offices address, if applicable:		N/A	SA		
(Principal office address MUST BE A STREET ADDRESS)					Ì
		•		75 75	,)
				DRIE 12	
Enter new mailing address, if applicable:		N/A		A	
(Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>				
	_				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•		ır records, <u>enter</u>	the name of the new	<u>7</u>
Name of New Registered Agent: Ja	Jason S Turner				
New Registered Office Address:	I/A				
		Ente	er Florida street add	dress	
			, Florida		
_		City		Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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

Page 1 of 2

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

۲,

MGRM = Managing Member Type of Action Address <u>Title</u> <u>Name</u> MGR Kathy J Woodward 400 S Sanford Ave ☐ Add Sanford, FL 32771 ✓ Remove Add Remove ☐ Add ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 13 2010 Dated \_\_ Signature of a member or authorized representative of a member Jason S Turner Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00