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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Wh		ous Chicago Sandwiches ited Liability Company	, LLC.		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Joseph L. Martinez Jr. Name of Person			
Whats Yours Be		eef Famous Chicago Sandwiches. LLC		~ >	
		36 NE 10th Avenue  Address  Cape Coral, FL 33 990  City/State and Zip Code		2009 HAY -8	7
				-8 PM 4: 17 ARY OF STATE SSEE, FLORID	
jmwhatsyourbeef@gmail.com E-mail address: (to be used for future annual report notification)				: 17	
For further information	concerning this matter, please of	call:			
Joseph L. Martinez Jr.  Name of Person		at ( 239 ) 26  Area Code & Daytime To	65-5021 elephone Number	-	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	tatus &	ed)
M a II	INC ADDRESS.	CTD F ET (COUDIED	ADDDECC.		

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

Whats Yours Beef Famous Chicago Sandwiches, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900042228	were filed onMay 1, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
What's Your Beef Famous C	Chicago Sandwiches,LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."		n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	130 Del Prado Blvd S. Cape Coral, FL US 33909	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		
	Florida	

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.

City

Zip Code

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>	Type of Action		
	At the state of th		Add Remove		
			Add Remove		
			Add Remove		
			2004 move		
			ARY OF SIL		
			Add Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ν.)		
_			<del></del>		
Dated	5/5 , fo	2009.			
	/	r or authorized representative of a member	-		
		eph L. Martinez Jr. I or printed name of signee	····		

Page 2 of 2

Filing Fee: \$25.00