109000064094

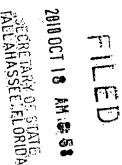
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				

Office Use Only



900184517419

08/30/10--01014--006 **55.00



C. LEWIS

DC+ 19, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2010

DAWN OCKSTADT HOT GRAVY, LLC 1223 WHITEWOOD WAY CLERMONT, FL 34714

SUBJECT: HOT GRAVY, LLC Ref. Number: L09000064094

We have received your document for HOT GRAVY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

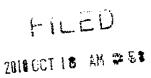
Letter Number: 810A00020871

COVER LETTER

TO:

TO:	Registration S Division of Co			
SHRIE	ECT:	Hot	Gravy, Inc.	
501901			ted Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Dawn Ockstadt		
			Name of Person	
Hot Gravy, LLC				
Firm/Company				
1223 Whitewood Way				
			Address	
			Clermont, FL 34714	
			City/State and Zip Code	
		E-mail address: (wn@hotgravyinc.com	notification)
For fu	ther information	concerning this matter, please of	•	,
	Da	awn Ockstadt	at (_407_)	982-3392
	Name	of Person	Area Code & Da	ytime Telephone Number
Enclos	ed is a check for	the following amount:		
□\$2 5	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$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		Registration S Division of Co Clifton Buildi	orporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hot G (Name of the Limited Clability Co (A Florida Limi	Bravy, LLC mpany as it now appea ted Liability Company)	rs on our records.) LLA	HASSEE FLORIDA	
The Articles of Organization for this Limited Liability Comp Florida document numberL0900064094	pany were filed on	July 2, 2009	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liability company he	rę:		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "Ll	.C" or the abbreviation	
Enter new principal offices address, if applicable:	2520 Timber	2520 Timberlake Drive		
(Principal office address MUST BE A STREET ADDRES	S) Orlando, FL	Orlando, FL 32806		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter ti	ge name of the new	
Name of New Registered Agent: Jeffrey	Ebersohl			
New Registered Office Address: 2520 Ti	mberlake Drive	inter Florida street addi	ress	
	Orlando City	, Florida	32806 Zip Code	
New Registered Agent's Signature, if changing Registered A	*			
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performand nt as provided for in office address, I here	re of my duties, and I a Chapter 608, F.S. Or,	m familiar with and if this document is	

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>	Address	Type of Action			
MGRM	Milla Chatman	448 Sand Lime Road Winter Garden, EL 34787	Add Remove			
MGRM	Matthew Bussey	21 N. Hillside Ave. Orlando, FL 32803	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.) 			
			ZONOCT 18			
Dated	August 12 , 2	okstaost	E FLORIDA			
	Signature of a memb	er or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·			
Dawn Ockstadt Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00