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"SEGRETARY OF STATE TALLAHASSEE, FLORINA"

B. KOHR

AUG 26 2009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Whiskey F	River Saloon, LLC		
		ited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	_		OS NIG 24 AM 9: 25
		James O'Conner		200
		Name of Person		
	Cro	sstrade Consulting, LLC		_
	327	77 Roswell RD NE #436 Address	***************************************	_
		Atlanta, GA 30305 City/State and Zip Code		_
	E-mail address: (sstradeinc@gmail.com to be used for future annual report no	ntification)	
For further information	concerning this matter, please of	call:		
Jar	nes O'Conner	at (404)	805-2972	
	of Person		ime Telephone Numb	er
Enclosed is a check for	the following amount:			
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	iling Fee, eate of Status & ed Copy onal 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

UNITOURN DIVER GALOON 110		
WHISKEY RIVER SALOON, LLC	and it now anneads o	- Company of the Comp
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears o liability Company)	n our records.
(,	1 SO 3
The Articles of Organization for this Limited Liability Company	were filed on	08/04/2009 \(\text{, and assigned} \)
51: de de company de 1.00000074507		925
Florida document number <u>L09000074527</u> .		
This amendment is submitted to amend the following:		The said
A. If amending name, enter the new name of the limited liab	ility company here:	
, , , , , , , , , , , , , , , , , , , ,		
The new name must be distinguishable and end with the words "Limi	ted Liability Company,	"the designation "LLC" or the abbreviation
L.L.C."		
Enter new principal offices address, if applicable:	N/A	,
(Principal office address MUST BE A STREET ADDRESS)		
Principul office dadress MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
· · · · · · · · · · · · · · · · · · ·	14/74	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our	records enter the name of the new
registered agent and/or the new registered office address her		records, enter the name or the new
egistered agent and or the new registered office address nor	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
		Florido
	Citv	, Florida Zip Code
	ciiy	zip coue

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 = Mar MGRM = M	nager anaging Member	, .	
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	QUANTUM TWO HLDS HOI	3277 Roswell Rd NE #436 Atlanta, GA 30305	Add Remove
MGRM_	Justin Kelley	3277 Roswell RD NE #436 Atlanta, GA 30305	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			
<u> </u>			-
Dated	August 19 ,20		
	Signature of a member	or authorized representative of a member	
	Typed	Hugh Kelly or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00