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To:

Division of Corporations

Fax Number : (850) 617-6383

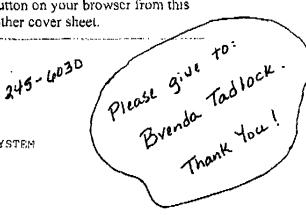
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

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	Estimated Charge	\$25.00	

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Naples Tomato Franchising LLC 14700 Tumiumi Trail N. Naples, FL 34110

September 29, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Naples Tomato Franchising LLC - L08000117574

Release of Name

Dear Sir or Madam:

On August 19, 2009, Naples Tomato Franchising LLC (the "Company") filed its Articles of Dissolution with your office. The Company has no intention of revoking its dissolution at any time.

Naples Tornato Francorp, LLC (No. L09000080490) ("Francorp") has submitted Articles of Amendment for filing with your office, effecting a change of its name to "Naples Tornato Franchising, LLC". Please be advised (1) that Francorp is a related entity to the Company; and (2) that the Company has no objection to your releasing the name "Naples Tornato Franchising, LLC" to be used by Francorp prior to the expiration of 120 days from the date of filing the Company's dissolution.

Very truly yours,

NAPLES TOMATO FRANCHISING LLC

Y (2.5 C)

Jack Serfass, Manager/Member

fb.us.4435617.01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Naples Tomato Françoip, LLC		200
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)	DRPORATION
The Articles of Organization for this Limit	ed-Liability Company were filed on _	August 18, 2009 and assigned	HONS
Florida document number L0900	0080490		
This amendment is submitted to amend the	following:		
A. If amending name, enter the new pan	ne of the limited liability company	here:	
	Naples Tomate Franchising, LLC		
The new name must be distinguishable and en "L.L.C."	d with the words "Limited Liability Cor	npany," the designation "LLC" or the abbrovia	atio:
Enter new principal offices address, if ap	pplicable;		
(Principal office address MUST BE A ST	REET ADDRESS)		
			_
		•	
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFI	CE BOX)	_	
			_
			_
B. If amending the registered agent a	nd/or registered office address of	n our records, enter the name of the	пеу
registered agent and/or the new registere	d office address here:		
Name of New Registered Agent:			
New Registered Office Address:	<u> त्याचेक १ श्राची विनेतृत्रक्त अस्त</u>	799	
 		Enter Florida street address	_
		, Floridя	

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

if smending 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:

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	(1814) F	ADULEN	Type of Act
			Add
			Remove
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			Remove
			Remove
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	,		Add
if amen	ling any other information, enter	change(s) here: (Attach additional sheets, if r	secessary.)
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-		~ 2009	
-	September	2009	
	September		

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