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(1	Requestor's Name)			
	Address)			
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(.	Address)			
	Cit. (Ct. 1-17) - (Ct. 1-1-40)	<u> </u>		
	City/State/Zip/Phone #)			
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COVER LETTER

TO: Registration Solution of Con			
SUBJECT: COWBO	Y'S BBQ & STEAK CO OI	F SEBRING LLC	
	Name of Limi	ted Liability Company	
· The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM ADAMS		•
		Name of Person	
	ADAMS ACCOUNTI	ING AND CONSULTING INC.	
		Firm/Company	
•	13100 PINE BOR	ROUGH LANE	
		Address	
•	PALM BEACH GAR	DENS, FLORIDA 33418	
		City/State and Zip Code	
	adamswilliams@	bellsouth.net to be used for future annual report notificati	on)
For further information of	concerning this matter, please c	•	on,
WILLIAM ADAM	(C	.561 636	
	f Person	at (561) 626-9096 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	he following amount:		
5 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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

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

COWBOY'S BBQ & STEAK CO OF SEBRING LLC

FILED
09 DEC 28 PH 12: 27

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 15, 2009 and assigned Florida document number _ L09000109807 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nev registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 am ding the Managers or Managing Members on our records, enter the title, name, and address of each Manage 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
MGMBR-	MATT ELLIOTT	P O BOX 3131 LAKE PLACID, FLORIDA 33862	Add □ Remove
			□ Add □ Remove
	· .		
· · · · · · · · · · · · · · · · · · ·			□ Add □ Remove
			□ Remove
D. If amer	nding any other information, enter cha		09 DEC 28 PM
Dated	JAMES W MCC	ber or authorized representative of a member	IZ: 2.7

Filing Fee: \$25.00