L09000116843

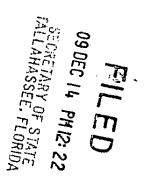
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D. BRUCE

DEC 15 2009

EXAMINER

COVER LETTER

2	Cor por ations				
SUBJECT:	MIXERS ACQU	ISITION GROUP,	LLC		
	Name of Lim	Name of Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.			
Please return all corr	respondence concerning this matter	to the following:			
	**************************************	Name of Person			
	Mixe	rs Acquisition Group,	LLC		
		Firm/Company			
		9115 Caserta St			
		Address			
	L	ake Worth, FL 33467			
		City/State and Zip Code			
	E-mail address: (to be used for future annual repo	ort notification)	09 DI	
For further informati	on concerning this matter, please of	call:		EC 14 PM	
CI	hristopher Rickard	at (561)	693-9893	m se ferri	
Na	me of Person	Area Code &	Daytime Telephone Number	PM 12: 22	
Enclosed is a check t	for the following amount:			D	
\$25.00 Filing Fee	e \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is ex	nclosed) Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

MIXERS ACQUISIT	ION GROUP, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>18.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL09000116843	were filed on12/09/200	29 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	ution "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9115 Caserta Street	12.
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33467	09 D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9115 Caserta Street Lake Worth, FL 33467	FILED EC IL PHIZ: HASSEE, FLO
		23 870 A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	- A	
New Registered Office Address:	Enter Florida stre	eet address
	. Flori	ida .
	City	7in Code

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
MGR	Matthew Phillips	9115 Caserta Street Lake Worth, FL 33467	✓ Add ☐ Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amen	nding any other information, e	nter change(s) here: (Attach additional she	ets, if necessary.)				
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 	December 10		LED L PH R: 2				
Daicu		,	<i>≽</i>				
	Signature	Signature of a member or authorized representative of a member					
		Christopher Rickard					
		Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00