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B. KOHR MAY 25 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Und	erdogs LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	y
Please return all corresp	ondence concerning this matter	to the following:	10 MAY 24 PM 1: 43
<u></u>		Jerry S. Mortellaro	24 P
		, Name of Leison	3
	Underdogs		
	Firm/Company		~
4210 Edwin Mill Pl			
		Address	
	PI	ant City Florida, 33567	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please of	call:	
		at (813)	379-7397
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations
Tallahassee, FL 32314		Z661 Executive Cer Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			2
(Name of the Limited Liability	Inderdogs LLC	AANS AN ARRE HAAAAAA	7 97
(Name of the Limited Liabil (A Florid	a Limited Liability Company)	OH) 24
The Articles of Organization for this Limited Liability	Company were filed on	March 09,2010	and assigned
Florida document number L10000026043	·		and assigned.
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company h	ere:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET AD)	DRESS)		
	** ** *** ****		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
	- ,		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	con a
	,	mer Purida sireel daar	533
·	· · · · · · · · · · · · · · · · · · ·	, Florida	
	City		Zin 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, 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	Jerry S. Mortellaro II	16114 W. Lake Burrell Dr Lutz Florida, 33549	Add ✓ Remove
			Add
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			-
-			_
Dated	3	o10 or or authorized representative of a member	
	— (_J	erry S. Mortellaro	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00