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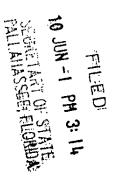
· (Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

Division of Corporations					
SUBJECT:	WHISKEY RIVER SPORTS GRILL, LLC				
Selber.	Name of Limited 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:		
		Th	omas C. Little, Esquire		
		Name of Person			
•		Thomas C. Little, P.A.			
		Firm/Company			
		2123 N.E. Coachman Road, Suite A			
			Address		
			Clearwater, FL 33765		
		in.	City/State and Zip Code		
		E-mail address: (1	net@thomasclittle.com to be used for future annual report notification)		
For further in	formation of	concerning this matter, please c	pall:		
	The	omas C. Little	at (727) 443-5773		
		of Person	Area Code & Daytime Telephone Number		
Enclosed is a	check for t	he following amount:			
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Division P.O. B	AING ADDRESS: ration Section on of Corporations dox 6327 assee, 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

"FILED"

WHISKEY (Name of the Limited L	RIVER SPORTS GRIL iability Company as it now appea iorida Limited Liability Company)	L, LLCFALLAHASSEE, FLORID	Ä	
The Articles of Organization for this Limited Liab Florida document numberL100000578	• • •	5-28-2010 and assigned	ed	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbroant	eviation	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of th	ne new	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street address		
	City	, Florida Zip Code		
Now Designated Asset?s Signature if shoughs De	gistaned Agents			

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGRM Richard E. Sliz 13448 State Road 52 ✓ Add Hudson, Fl. 34667 Remove ☐ Add Remove .□ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 28 2010 Dated ___ Signature of a member or authorized representative of a member Thomas C. Little Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00