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EXAMINER

COVER LETTER

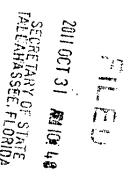
TO:	Registration S Division of Co			
SUBJI	ECT:	Cultured Name of Lim	hustonts LLC ited Liability Company	·
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Anthony L Fellows Name of Person	
			Hip Pops LLC Firm/Company	- ,
			No pogwood Ad	
			Hollyword FL. 330 City/State and Zip Code Tonyva F. O. Omail. Com to be used for future andual report notificati	<u> </u>
		E-mail address: (to be used for future andual report notificati	ion)
For fur	ther information	concerning this matter, please c	all:	
	Name o	ong Fellows of Person	at (954) 605 - 1 Area Code & Daytime Te	SZ
Enclose	ed is a check for t	he following amount:		
1 825	.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)
	MARI	INC ADDRESS.	CTDEET/COUDIED	4 PRPEGG

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

4	OF			•
(Name of the Limited Liabi	ed Inue 5+men + 5 lity Company as it now appears or da Limited Liability Company)	LLC.		
The Articles of Organization for this Limited Liability Florida document number (1) 10005300 This amendment is submitted to amend the following A. If amending name, enter the new name of the li	<u>:</u> :	8 (6) 2010	and assign	ed
The new name must be distinguishable and end with the v				
The new name must be distinguishable and end with the v L.L.C."	vords "Limited Liability Company,"	the designation "LLC"	" or the abbi	eviation
Enter new principal offices address, if applicable:		Ž.	201	
<u> Principal office address MUST BE A STREET AD</u>	DRESS)		000	1 1
Enter new mailing address, if applicable:		SEE, FLO	<	Minut:
Mailing address MAY BE A POST OFFICE BOX)	-		# E D	
3. If amending the registered agent and/or reg registered agent and/or the new registered office ac	ristered office address on our ddress here:	records, enter the	name of t	he new
Name of New Registered Agent:	,			
New Registered Office Address:	Enter F	Florida street address		
	City	, Florida	ip Code	
	City	2	лр Соае	

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>	Name	Address	Type of Action
MGPM	Anthony L. Fellows	12 Dogwood Nd Hollywood FL.	Add Remove
MGR	Anthony c. Fellows	12 pognow by Hally word FL Harry -	Add Remove
MORM	Edward A. Fellows	12 Degrand nd Hollynowd FL- 33LNI.	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi 	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
		ਉ ਜ	€00 -
Dated	,	·	
-	Signature of a member A	frauthorized representative of a member	
-	Anthe Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00