## L10000100658

| (Re                     | equestor's Name)   |           |
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| (Ad                     | ldress)            |           |
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| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
|                         |                    |           |
| PICK-UP                 | WAIT               | MAIL      |
|                         |                    |           |
| (Du                     | siness Entity Nar  | no)       |
| ua)                     | siness Enuty Nai   | ne)       |
|                         |                    |           |
| (Do                     | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer     |           |
| Opecial instructions to | i iiiig Onicei.    |           |
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Office Use Only



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SEURLIARY OF STATE
NEW ANASSEE FLORID

B. BOSTICK

IJAN 1 9 2011

EXAMINER

## **COVER LETTER**

|                  | tration Section on of Corporations   |                     |           |   |
|------------------|--|---------------------|-----------|---|
| SUBJECT:         | Buzz Chics / LC  |                     |           |   |
|                  | Name of Limited Liability Company  |                     |           |   |
|                  | articles of Amendment and fee(s) are submitted for filing.   |                     |           |   |
| Troubo roturn ar | Correspondence concerning this matter to the following.  |                     |           |   |
|                  | Holly Fossen   |                     |           |   |
|                  | Name of Person   |                     |           |   |
|                  | Buzz Chics   |                     |           |   |
|                  | Firm/Company   |                     |           |   |
|                  | P.O. Box 66081   |                     |           |   |
|                  | Address  |                     |           |   |
|                  | Saint Petersburg, FL 33736   | IA <sub>S</sub>     |           |   |
|                  | City/State and Zip Code  | ECE:                | J         |   |
|                  | hfossen@mindspring.com E-mail address: (to be used for future annual report notification)  | ASS<br>ASS          | JAN I     | S E                                     |
| For further info | rmation concerning this matter, please call:   | SEE.                | -P        | m                                       |
|                  | Name of Person at (813) 317 476 6  Area Code & Daytime Telephone Number  | OF STATE.           | PH 12: 42 | *************************************** |
|                  | Name of Person Area Code & Daytime Telephone Number  | ĐA<br>ĐA            | N         |   |
| Enclosed is a ch | neck for the following amount:   |                     |           |   |
| \$25.00 Filin    | g Fee \$\int_{\text{\$30.00 Filing Fee & }} \text{\$\$55.00 Filing Fee & } \text{\$\$60.00 Filing Fee & } \text{\$\$Certificate of Status} \text{\$\$Certified Copy & Certificate of Certified (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$Certified (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \$\$Certified Copy (additiona | te of Stati<br>Copy |           | osed)                                   |
|                  | MAILING ADDRESS: STREET/COURIER ADDRESS:   |                     |           |   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Buzz Ch  | nics LLC  |   |  |  |
|--|---|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | <u>iny as it now appea:</u><br>Liability Company) | rs on our records.)                             |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on                                     | 9/27/10 and assigned                            |  |  |
| Florida document number L10000100658   |   |   |  |  |
| This amendment is submitted to amend the following:  |   |   |  |  |
| A. If amending name, enter the new name of the limited liab  | oility company her                                | <u>re</u> :                                     |  |  |
| The new name must be distinguishable and end with the words "Lim"L.L.C."   | ited Liability Compa                              | any," the designation "LLC" or the abbreviation |  |  |
| Enter new principal offices address, if applicable:  | 360 72nd Ave                                      | enue 7  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Saint Petersb                                     | ourg FL 33706                                   |  |  |
|  |   |   |  |  |
|  |   | WAT CO TO                                       |  |  |
| Enter new mailing address, if applicable:  |   |   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | *****   | - 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7         |  |  |
|  |   | 10A   |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | our records, enter the name of the nev          |  |  |
| Name of New Registered Agent:  |   |   |  |  |
| New Registered Office Address:   |   |   |  |  |
|  | Enter Florida street address                      |   |  |  |
|  | , Florida   |   |  |  |
|  | City  | Zip 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 = N     | Managing Member                   |   |                |
|--------------|-----------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u>                       | Address   | Type of Action |
| <del></del>  |                                   |   | Add Remove     |
|              |                                   |   | Add Remove     |
| <del></del>  |                                   |   | Add<br>Remove  |
|              |                                   |   | Add<br>Remove  |
| <del></del>  |                                   |   | Add<br>Remove  |
| <u>.</u>     |                                   |   | Add<br>Remove  |
| D. If amend  | ling any other information, enter | change(s) here: (Attach additional sheets, if necessary.)                               | _ <u>_</u>     |
|              |                                   | SAT<br>ME<br>TO   |                |
| <br>Dated    | January 11th                      | 2011  | 12             |
|              | Holly                             | nember or authorized representative of a member  TOSTA  Typed or printed name of signee |                |

Page 2 of 2

Filing Fee: \$25.00