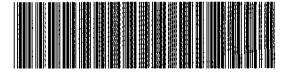
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(Requestor's Name)			
(Address)			
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J. BRYAN
DEC - 8 2010
EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Crazy Eddie's Benchwarmers Sports Barand Grill, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ed Burbach Name of Person
Crazy Eddie's Benchwarmers Sports Bary Grilly LLC
57.49 Seaside Dr. Address
New Port Richey FL 34652 PER S City/State and Zip Code
ed bur bach @ and com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Renea Meur lott at (727) 1041-942 BR SR SR SR Name of Person at (728) Louis Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \) \( \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \) \( \text{Certified Copy (additional copy is enclosed)} \)

**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

Crazy Eddie's Benchavarmers Sports Bar and Grill, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Lii	mited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 100001222 82</u>	• •	7-2010 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>	PEE 6		
		AHE CO		
		SSS 1		
Enter new mailing address, if applicable:		Mo P M		
(Mailing address MAY BE A POST OFFICE BOX)		F1.5 2:		
	·	RED 35		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	Enter Florida street address		
	, Florida			
	City	Zip Code		
Nour Dogistanial Assault Claustinus 18 should be Doubtered 1	A			

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 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 = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
mGR	Ed Burbach	5946 Seaside Dr New Port Richey FL 341652	Add Remove
mglm	Renea Meurlott	5946 Seaside Dr. New Port Richey FL 34652	Add Remove
ngem	William Burbach	5944 Seaside DR New Port Richey FL 341052	Add Remove
			Add Remove
			Add Remove
<del>1</del>			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	) —-
_			10 DEC -
$\overline{\bigcirc}$			PH 2: 35
Dated	C. 3, 2010,	or authorized representative of a member	12:35
	Fol Burb	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00