L11000014277

(Requestor's Name)	_				
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
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SECRETARY OF STATE
AND ASSEF, FLORIO

J. BRYAN

MAR 1 8 2011

EXAMINER

COVER LETTER

TO: Registration • Division of C	Section orporations			
SUBJECT:	The	Soup Kettle		
	Name of Limi	ted Liability Company		
	of Amendment and fee(s) are sul	·		
Please return all corres	pondence concerning this matter	to the following:		
		Robert B Gunning Jr		THE WILL ST
		Name of Person	7.0	
		The Soup Kettle	. Ý	整 王
		Firm/Company		5.50
		1788 Sherwood Dr		ORIE &
		Address		4
	Mic	ddleburg/Florida/32068		
		City/State and Zip Code		
	rgu	unning41@yahoo.com to be used for future annual report n		
			otification)	
For further information	concerning this matter, please of	eall:		
Rob	ert B Gunning Jr	at (904)	718-3279	
Name	e of Person		time Telephone Number	
Enclosed is a check for	the following amount:	·		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of State sed) Certified Copy (additional copy is	
	LING ADDRESS:	STREET/COU	FRIER 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

THE THE STATE OF T The Soup Kettle (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) February 3 The Articles of Organization for this Limited Liability Company were filed on ____ L11000014277 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** Address Title Name MGR Robert B Gunning Jr 1788 Sherwood dr ✓ Add Remove ☐ Add Remove Add Remove Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 12 2011 Dated_ Signature of a member or authorized representative of a member Robert B Gunning Jr

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00