

L11 000073216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

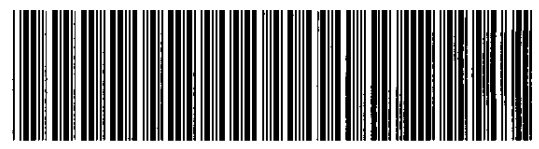
(Document Number)

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JUN 21 2011
EXAMINER



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06/20/11--01020--027 **25.00

FILED
11 JUN 20 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E.A.T. CERTIFICATION, 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:

ANTOINETTE W. RUSSELL
Name of Person

E.A.T. CERTIFICATION, LLC
Firm/Company

P.O. BOX 3035
Address

ST. PETERSBURG, FL 33731
City/State and Zip Code

EATCERTIFIED@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTOINETTE W. RUSSELL at (**727**) **421-2627**
Name of Person Area Code & Daytime 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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

E.A.T. CERTIFICATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/23/2011 and assigned
Florida document number L11000023216

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)

125 5th STREET S.

SUITE 201

ST. PETERSBURG, FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 JUN 20 PM 12:33
CLERK OF STATE
TALLAHASSEE FLORIDA

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:

ANTOINETTE W. RUSSELL

New Registered Office Address:

125 5th STREET S., SUITE 201

Enter Florida street address

ST. PETERSBURG

Florida

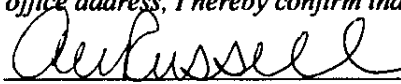
33701

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

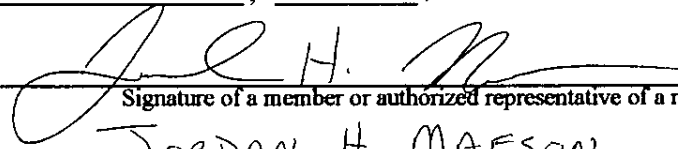
**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JORDAN H. MAESON	P.O. BOX 3035 ST. PETERSBURG, FL 33731	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANTOINETTE W. RUSSEL	P. O. BOX 1484 ST. PETERSBURG, FL 33731	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANTOINETTE W. RUSSEL	P.O. BOX 3035 ST. PETERSBURG, FL 33731	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JORDAN H. MAESON IS RESIGNING (SEPERATE PAPERWORK HAS BEEN
SUBMITTED). A NEW MGRM AND OFFICE ADRESS IS BEING UPDATED
ON THIS FORM PER THE INFORMATION LISTED ABOVE.

Dated JUNE 17, 2011



 Signature of a member or authorized representative of a member
JORDAN H. MAESON

 Typed or printed name of signee