

L11 000073216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

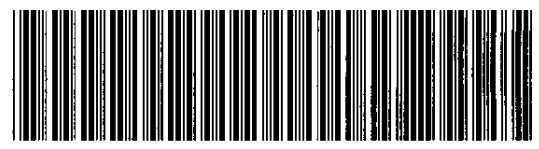
(Document Number)

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G. MCLEOD  
JUN 21 2011  
EXAMINER



400208935964

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

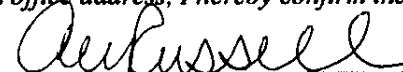
33701

*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:**

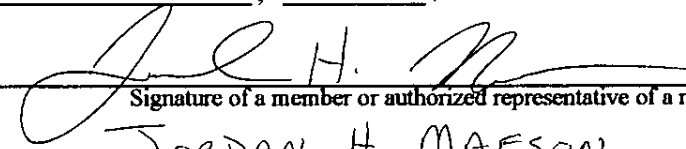
**MGR = Manager  
MGRM = Managing Member**

<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