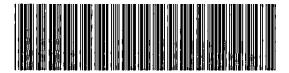
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SECRETARY OF STATE

T. CLINE

OCT 3 1 2011

EXAMINER

COVER LETTER

TO: Registration Division of C		,	
SUBJECT:	Blazin Burger LLC		
	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are submitted for filing.		
Please return all corres	pondence concerning this matter to the following:		
	Barbar Cumnings Name of Person		
	Name of Person		
	Blazin Burger LCC Firm/Company		
	2224 East University Are Address		
	Address		
	Gaine Sui, lle Flori de 32641 City/State and Zip Code		
	E-mail address: (to boused for future annual report notification)	2011 SEC	married) .
For further information	concerning this matter, please call:	OCT OCT	- Park
	•	28 A	1.1
Name	Cummings at 352 372 - 0707 Area Code & Daytime Telephone Number	2011 OCT 28 AN N: 00 SECRETARY OF STATE TAREATASSEE, FLORIDA	C
Enclosed is a check for	the following amount:	**	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Certificate of Status (additional copy is enclosed) \$60.00 Filing Certificate of Certified Copy (additional copy is enclosed)	f Status &	

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**

Blazin Burgers				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1100002544の</u>	ny were filed on 3 12011 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
Blazin Burger LLC	·			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	Barban R. Cummings			
(Principal office address MUST BE A STREET ADDRESS)	Gainesville Florida 2641			
Enter new mailing address, if applicable:	OCT 28			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the mame of the new			
Name of New Registered Agent:	parbane R. Cumminge 24 East University Ave			
New Registered Office Address: 29				
C .	Enter Florida street address			
<u> </u>	resville, Florida 32641			
New Registered Agent's Signature if changing Registered Agen	City Zip·Code			

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>	Address	Type of Action			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Add Remove			
	Leon Cummings Jr.	2224 East University Ave Gainesville Floride 32641	Add Remove			
Wen gar	Kim Rochelle	2224 East University Ave Gainesulle Floride 37641	Add Remove			
Mgan	Barban R Chimning	2224 End University Are Bainesile Ha 32649	Add Remove			
			Add Ne Con The			
D. If amending	ng any other information, enter change Federal ID # 45~	(s) here: (Attach additional sheets, if necessary.) - 295-1921	128emove STATE			
		•	- 			
Dated 00	.tobe, 24	+x 2011 —.				
-	Barban R	or authorized representative of a menter Cumming L or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00