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(Address)						
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EXAMINER



400222968304

02/28/12--01017--019 **30.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HABEAS PORKUS BBQ 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:
NATHAN PRESUTTI
THE FULL RACK BBQ, LLC
2344 SUNSET BLUFF DR.
JACKSONVILLE, FL 32216 City/State and Zip Code NPRESUTTIEGMAIL. COM
NPRESUTTIEGMAIL. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NATHAN PRESUTTI at (412) 716 - 5219 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$560.00 Filing Fee, 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**

HABEAS POR	ikus ?	BBQ	LLC	_		
(Name of the Limited Liabi (A Florid	ility Company a da Limited Liabi	s it now appea lity Company)	rs on our rec	ords.)	-	
The Articles of Organization for this Limited Liability Florida document number	y Company wei 5 <i>35</i>	re filed on	3/31/	JOIL and	assigr	ned
This amendment is submitted to amend the following	; :					
A. If amending name, enter the new name of the li			<u>·e</u> :			
THE FULL RACK	RBA	<u>, LLC</u>				
The new name must be distinguishable and end with the v "L.L.C."	words "Limited I	Liability Compa	iny," the desig	gnation "LLC" or t	he abbi	reviation
Enter new principal offices address, if applicable:	_	<u></u>		> €961	- 12 -	
(Principal office address MUST BE A STREET AD)	DRESS)	 			-61	3.224n
					_ 	/#120/# /#120/#
		•		33 133 133 133 133 133 133 133 133 133		Samilland S
Enter new mailing address, if applicable:					P	} # }
(Mailing address MAY BE A POST OFFICE BOX)	!				<u>5</u>	- American
	_				<u></u> &	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		address on o	our records,	, <u>enter the nam</u>	e of t	<u>he new</u>
Name of New Registered Agent:			·			
New Registered Office Address:						
		En	ter Florida si	treet address		
			, Flo	orida		
	Ci	ity		Zip C	o de	
New Registered Agent's Signature, if changing Registe	ered Agent:					

N

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u> </u>			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			
			<u> </u>
ated	EBRUARY 25th, 20	2	
	Signature of a membe NATHAN PRES	r or authorized representative of a member	····

Page 2 of 2

Filing Fee: \$25.00