Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for future(c. annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORIGINAL PICKLE BARREL, LLC

> Certificate of Status 0 Certified Copy 1 Page Count 04 Estimated Charge \$55.00

D. BRUCE

OCT 15 2012

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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT. ORIGINA	AL PICKLE BARREL, L	LC			
	(Name of Limi	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Barbara Dang				
		(Name of Person)			
	Legalzoom.com, Inc.	•			
		(Firm/Company)		\$E(
	100 W. Broadway Su	uite 100		12 OCT SECRET	
	100 VV. Bibadway Oc	(Address)		TIARY MASSEI	
	OL				
	Glendale, CA 91210	(City/State and Zip Code)		ന്ഗ 🖚	C.3
				8:50	
For further information of	concerning this matter, please c	all:		¥ 0	
Barbara Dang		at (323_) 962-8600			
	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy		

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

(Name of the Limited Lin (A Fig.	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabia	lity Company were filed on 04/07/2011 and ass	igned		
Florida document number <u>L11000041581</u>	<u> </u>			
This amendment is submitted to amend the following	ng:	12 OCT		
A. If amending name, enter the new name of the	e limited liability company here:	TARY O		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the	abbreviation 89.5		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of address here:	f the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	, Florids			
	(City) (Zin Cod	اها		

New Registered Agent's Signature, if changing Registered Agent:

ORIGINAL PICKLE BARREL, LLC

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>	Type of Action
MGR	Rick Bruskin	7250 NW 35 TERRACE MIAMLEL 33122 US	Add Remove
			Add
			Add
	***************************************		Remove 12 OCT
			Remove 7
			Add
D. If a	mending any other information	, enter change(s) here: (Attach additional sheets, ij	Remove
	Antoher 1	N 2012-	
Dated _	CUC L Signatu	The of a member of authorized representative of a member	
	Eric Gliner	Typed or printed name of signee	
		Page 3 of 3	

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Filing Fee: \$25.00