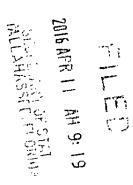
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K.SALY EXAMINER APR 14

COVER LETTER

TO	: Registration Sec Division of Corp					
CHI		g Transport, LLC				
SUI	Name of Limited Liability Company					
The	enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Plea	ase return all correspon	ndence concerning this matter to	o the following:			
		Randy Hayworth				
			Name of Person			
		Fat Dog Transport, LLC				
			Firm/Company			
		5003 Sherwood Drive				
			Address			
		New Port Richey, FL 34652	2			
			City/State and Zip Code			
		randy_hayworth@yahoo.cor				
		E-mail address: (to	o be used for future annual report notifica	lion)		
For	further information co	oncerning this matter, please ca	11:			
Ra	ndy Hayworth		727 492 - 6051at () Area Code Daytime To			
	Name o	f Person	Area Code Daytime To	elephone Number		
En	closed is a check for th	ne 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)		

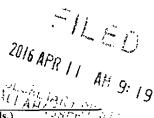
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Fat Dog Transport, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) May 5, 2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000053024 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hayworth Maintenance Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." 5003 Sherwood Drive Enter new principal offices address, if applicable: New Port Richey, FL 34652 (Principal office address MUST BE A STREET ADDRESS) 5003 Sherwood Drive Enter new mailing address, if applicable: New Port Richey, FL 34652 (Mailing address MAY BE A POST OFFICE BOX)

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:		
New Registered Office Address:	Enter Florida street addre	ss
		orida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \Box Add ☐ Remove □ Change

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Filing Fee: \$25.00