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2012 APR 25 AM & 1

J. SAULSBERRY EXAMINER APR 26 2012

COVER LETTER

Division of Co	rporations			
SUBJECT:	Name of Limi	where Kitcher ted Liability Company	, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Shan	RON E. Politz		
	Sharon's S	outhern Kitchen,	HC B	
	220,	Stevens Drive	SECRETARY	71
	<u> Midwa</u>	Ly Fla 3a34	ZUIZ APR 25 AM 8: 14 SECRETARY OF STATE FALL AHASSEE, FLORID	
	Sharon. Pol	ite 1944 a amil	Com Containe &	Marro.
For further information of	concerning this matter, please c	all:	, , , , , , , , , , , , , , , , , , , 	
Sharp	n Polite.	at (850) 241-61 Area Code & Daytime T	e42 Telephone 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)	\$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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 4100012831 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" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 address City

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:

	= Manager A = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If aı	mending any other information, enter o	change(s) here: (Attach additional sheets, if necess	eary.)
			ZUIZ APR 25
Dated _	April 23th,	30 B	PR 25 AH 8 14
	Sharon	neinber or authorized representative of a member F. Polite Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00