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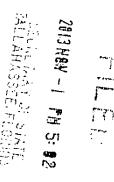
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COVER LETTER

TO:

Registration Section Division of Corporations

LOCAL INDUSTRIES LLC

SUBJECT

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:

John A. Baldwin

Name of Person

Baldwin & Morrison, PA

Firm/Company

7100 South Highway 17-92

Address

Fern Park, FL 32730

City/State and Zip Code

islgrl13@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Baldwin

<u>,</u>,407,834-1424

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

LOCAL INDUSTRIES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Limited Liability Company)

(A	Florida Limited I.	Liability Company)				
The Articles of Organization for this Limited Li Florida document number <u>L12000007071</u>	ability Company	were filed on January	17, 2012	a	nd assig	gned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
				Ţ;	28	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," the	designation	"LLC" o	or the abi	breviation
Enter new principal offices address, if applicable:		134 Starboard Ln.,	Unit 707		1	in an experience of
(Principal office address MUST BE A STREET ADDRESS)		Merritt Island, FL	32853			(T)
				120	<u></u>	***************************************
Enter new mailing address, if applicable:		134 Starboard Ln.,	Unit 707		2	
(Mailing address MAY BE A POST OFFICE I	BOX)	Merritt Island, FL	32853			
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ords, <u>enter</u>	the na	ime of	the new
New Registered Office Address:	134 Starbo	ard Ln., Unit 707				
		Enter Flor	ida street aa	ldress		
	Merritt Islar	nd	_, Florida <u>3</u>	32853		
		City		Zip	Code	
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered	d agent and agre	ee to act in this capacity.	I further as	gree to	comply	with

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			28123-Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Keniove
			Remove
			Add
			Remove

mending any other informat	ion, enter change(s) here: (Attach additional shee	is, if necessary.)
		
October 30	<u>2013</u> .	
Patricia Eldridge	ature of a member or authorized representative of a med	mber
	Typed of printed name of signee	
,	Page 3 of 3 Filing Fee: \$25.00	20
	/	2013 MBS
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