L120000 99794

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2013 AUG 12 PH 12: 03
SECRETARY OF STATE
TALL ALLASSES FOR DOINA

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Hot		ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Perry	Gag layo Name of Person	
		Name of Ferson	
-		Firm/Company	
-	2816	Sanders Dr	
_	Tampa,	Fl 3361] City/State and Zip Code	
-		City/State and Zip Code Compared to the Compared to the List of the Code Compared to the Code Code	on)
For further information conc			····
Perry Caglie Name of Pe	rson	at (<u>813)</u> 731-40 Area Code & Daytime Te	lephone Number
Enclosed is a check for the f	ollowing 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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLATINOSCE, FLORIDA
Hot Pie Promotions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on August 2, 2012 and assigned Florida document number 112000 99794.
Tiorida document number
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 th "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	la
Enter new mailing address, if applicable:		
		_
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		. Florida
_	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 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 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

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** Remove Remove Remove Remove

, it ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
 ated	August 7 , 2013.
	Signature of a member or authorized representative of a member
	Perry Gagliano Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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