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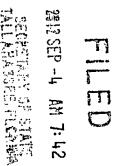
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J. BRYAN

SEP - 5 2012

EXAMINER

COVER LETTER

10:	Division of Corp				
SUBJECT: Mr. T's Onnon Kaching, LLC					
		Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		ERN	NEST W. STURGES, JR		To the
		Name of Person		FM TOS	
GOLDMAN		GOLDMA	N, TISEO & STURGES, P.A	·	TALLERS SEP -4 M
			Firm/Company		
701 JC		701 JC	CENTER COURT, SUITE 3		MI:5
	Address			5 5	
		PORT	PORT CHARLOTTE, FL 33954		
	City/State and Zip Code				
		ESTUR(E-mail address: (GES@GTSLAWFIRM.COM to be used for future annual report notifical	tion)	
For fur	ther information co	oncerning this matter, please of	call:		
	ERNEST	W. STURGES, JR	at (941) 62	25-6666	
	Name of	Person	Area Code & Daytime T	elephone Number	
Enclos	ed is a check for th	e following amount:			
⊠ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR. T'S ONN	<u>ION KACHING, I</u>	LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeanited Liability Company)	rs on our records.)			
· ·					
The Articles of Organization for this Limited Liability Con	npany were filed on	08/20/2012	and assigned		
Florida document number L12000107187					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u>.</u>			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		Diff.		
			S		
			上		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			33.5		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida 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 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 **Address** Type of Action **Title** Name MGRM MR. T'S ONNON, LP 1645 VILLAGE CENTER CIRCLE, #17 ☐ Add LAS VEGAS, NV 89134 MGRM GEORGE THOLKE 2421 TAMIAMI TRAIL **✓** Add Remove PORT CHARLOTTE, FL 33952 ☐ Add Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) Signature of a member or authorized representative of a member Ernest W. Sturges, Jr.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00