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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000028243)))



H130000028243ABCLI

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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 Phone : (727)441-8966 Fax Number : (727)442-6470

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: jkwheeler@comcast.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUENCH LOUNGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

JAN - 1

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

SECRE TARY O	2013 JAN -4	FILI
OF STATE	AM 10: 15	ED

	QUENCH LOUNGE, LLC	<u> </u>		
(Name of the Limit	ed Clability Company as if now appo A Florida Limited Liability Company	on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on _	August 29, 2012	and assigned	
Florida document numberL120001	10717,			
This amendment is submitted to amend the fo	llowing:			
A. If amending usus, enter the new name,	of the limited Hability company l	en:		
The new name must be distinguishable and and w "L.L.C."	with the words "Limited Liability Com	peny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ETADDRESS)			
			<u>+</u>	
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BR A POST OFFICE	8 BOXO			
H. If amending the registered agent and registered agent and/or the new registered		our records, enter f	he name of the new	
Name of New Registered Agent:	Kathy Wheeler			
New Registered Office Address:	12645 Race Trace Road			
	Enter Florida street address			
	Tempa	Florida	33626	
	City		Zip Code	
New Registered Agent's Signature. If changing	Kepstered Agentt			

1

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 Associ

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Fax Audit No. (((H13000002824 3)))

MGR = Manager

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:

MGRM =	Managing Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			201 Add AM -
D. If amer	ading any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	SSE F
			AHIO: 15 OF STATE PLORIDA
	<u></u>	1 -∂_	-
Dated	Signaple of a men	iber or authorized representative of a member	
		J. Faul Raymond ped or printed name of signee	

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Filing Fee: \$25.00

Fax Audit No. (((H13000002824 3)))