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COVER LETTER

	tration Sec ion of Corp			
SUBJECT:	Vild Jimmy	's Beef Jerky of Marco Island	LLC	
		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Patrick H. Ncale		
			Name of Person	
		Patrick Neale & Associate	s	
			Firm/Company	
		5470 Bryson Court, Suite	103	
			Address	
		Naples, Florida 34109		
			City/State and Zip Code	
		email-service@patricknealc		
For further info	ormation co	E-mail address: (neerning this matter, please c	to be used for future annual report notifiall:	cation)
Patrick Neale			239 642-1485 at ()	
	Name of	Person	Arca Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng 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

	OF		
Wild Jimmy's Beef Jerky of Marco I	sland LLC		33 N
	d Liability Company as it nov A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L13000050001			and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	pany here:	
	-	.	
The new name must be distinguishable and contain the we	ords "Limited Liability Compan	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ΓADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office addi ice address here:	ress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	James Downey		
New Registered Office Address:	20 Marco Lake Drive, Su	ite 12	
	E	Enter Florida street address	
	Marco Island	, Florid	la <u>34145</u>
	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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

Title Name Address Type of A	Action
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effective date is listed,	the date must be specific	iling:	ate of filing or more tha	(option n 90 days after fil	ar) ing.) Pursuar	nt to 605.0
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Filing Fee: \$25.00