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D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cheddar Gang Entertainment 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:	
Michael Mebee Name of Person	
EgeflA & Grail. COM W/A Firm/Company	
5017 Juth Street South	
St. pete F) 33711  City/State and Zip Code  Cac Fla Q amail. Com  E-mail address: (to be used for future arbual report notification)	I
For further information concerning this matter, please call:	
Michael Milec at (727) 492 - 5447  Name of Person Area Code & Daytime Telephone Number	2017 JUL 11
Enclosed is a check for the following amount:	FOR PL.
(additional copy is enclosed) Certified	ate of Status &n

### 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

(Name of the Limited Liabilit	tectain ment L ty Company as it now appear Limited Liability Company)	Con our records.)		
The Articles of Organization for this Limited Liability Florida document number 1300064986		5 - 03 - 13 and assigne	ed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	• • •		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ry," the designation "LLC" or the abbre	 eviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	27 650 2.23	£:	
			، مسر	
		(S) =	i i	
Enter new mailing address, if applicable:		mg -0	<u>F.</u>	
(Mailing address MAY BE A POST OFFICE BOX)			·	
		<u></u>	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter the name of th</u>	ie 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 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>	<u>Name</u>	Address	Type of Action
MGRM	HERBERT L. Elizon Je	1536 PRESCOTT ST. SO.	🔀 Add
		ST. PETERSBURG FL 33712	Remove
MERM	Michael Mibreta	5017 40th St. South	\times_Add
		St. peterburg FL. 33711	Remove
MGRM	Edgor L. Adams TIT	3901 Hand St South	Add .
		St Arthrobug Fl 33711	
			Add
			Remove
		## ## ## ## ## ## ## ## ## ## ## ## ##	ZB13 JUL Add
		EFLORIA!	Remove
			Add
			Remove