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## **COVER LETTER**

TQ: Registration Se Division of Cor			
SUBJECT:	Jimmy's Secondary of Limit	ed Liability Company	5.45,LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	F	RAD BRIDGE	<u>S</u>
		inmy S Flouchising	us, LLC
	6	oll Wishage War Address	<u>J</u>
		BRANDON, FL 33 City/State and Zip Code PRADLEY BRIDGE to be used for future annual report notification	35//
	E-mail address (u	PRADLEYBRIDGE to be used for future annual report notification	-s@Hotmail.com
For further information c	oncerning this matter, please ca	all:	
Baan Name of	BRIDGES Person	at (813) 465-00 Area Code & Daytime Tel	phone Number
Enclosed is a check for th	ne following 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

Name of the Limited Liability (A Florida	Company as it now appears Limited Liability Company)	Flanchistic, LLC on our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>L13000684</u>	Company were filed on $\underline{\mathcal{L}}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	_	:
The new name must be distinguishable and end with the wo	ords /Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		n records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnte	er Florida street address
	Line	
	Cin	, Florida 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, <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 **Title** Type of Action <u>Name</u> **Address** Add Remove Add Remove Remove Add Remove Add Remove Add Remove

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d	6/18/13
	Todal es
	Signature of a member of authorized representative of a member  RAN RR ( ) A F
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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