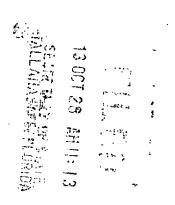


(Reque	stor's Name)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Filin	g Officer:	





10/28/13--01028--003 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Skinny Jared LLC 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:
Jared Rhodenizer Name of Person
Firm/Company
200 Meadow St SE
Live Oak FL 32064 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jared Rhoderizer at 229 - 292 - 7510 Area Code & Daytime Telephone Number Co
Fredered is a check for the following amount:
Enclosed is a check for the following amount.
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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

Skinny ?	Jared.	LLC			
(Name of the Limited Liability	y Company as it now Limited Liability Con	appears on our renpany)	cords.)		
The Articles of Organization for this Limited Liability (Florida document number <u>L130001470</u>	Company were filed	on <u>10 - 21</u>	<u>- 13</u> a	nd ass	igned
This amendment is submitted to amend the following:				,	
A. If amending name, enter the new name of the lim	nited liability compa	any here:			,
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability	Company," the des	signation "LLC"	or the a	abbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
				હે ં	
			25 74	130	
Enter new mailing address, if applicable:			Prop.	(V) (A)	ر اوون دوند د
(Mailing address MAY BE A POST OFFICE BOX)				724	F*HT
			e montre e en estera en estera		Lusus ,
			<u> </u>		24 / 184 24 / 184
B. If amending the registered agent and/or registered agent and/or the new registered office add		ss on our record	Name of the contract of the co		of the new
Name of New Registered Agent:			···		
New Registered Office Address:					
		Enter Florida	street address	-	
		, I	Florida		
	City		Zij	o Code	2

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 <u>Title</u> <u>Name</u> Address **Type of Action** 200 Meadow St SE XAdd Live Oak FL 32064 Remove Remove Remove Remove

•	
•	
ed <u>C</u>	October 23, 2013.
¥¥æ	Jul Hindi
	Signature of a member or authorized representative of a member
	Joured Khodenizer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 OCT 28 - 8H II: 13