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COVER LETTER

TO: Registration Sec Division of Corp			
subject: Pend	letons Raw Bo Name of Limi	ted Liability Company	ne Station
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	And	rea B. Duval Name of Person	<u>-</u>
	Pendletons	Raw Bur, LLC Firm/Company	
	53 Mark	et Street Address	
	Apalachio	City/State and Zip Code	
	Pendletons E-mail address: (t	rawbar @ amai	ation)
For further information co	ncerning this matter, please ca	il i:	
Andrew Name of	B. Dural Person		2612 Telephone Number
Enclosed is a check for the	e 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)
<u> </u>			

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

Penaletons	Raw Bar, LLC	
(Name of the Limited (A	Liability Company as it now appears on our rate of Florida Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liab	• •	and assigned
This amendment is submitted to amend the follow		* 1
A. If amending name, enter the new name of t	he limited liability company here:	20 -
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	=======================================
(Principal office address MUST BE A STREET	ADDRESS)	SAME
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	SAME
B. If amending the registered agent and/or registered agent and/or the new registered office.		cords, <u>enter the name of the new</u>
Name of New Registered Agent:	Snma	
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREA DUVAL	1201 Bluff Road Apalachicola, FL 32320	Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			⊋ □ Change
			Remove
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			Remove
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effective date is liste	her than the date ed, the date must be sported in this block d date on the Departi	oecific and cannot be oes not meet the a	ipplicable stati	filing or more	han 90 days afte	ional) er filing.) Purs is date will r	uant to 605.0 not be listed
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Filing Fee: \$25.00