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COVER LETTER

Division of Corporations	
SUBJECT: Port Tama Cafe, 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:	
Lindsey Dallmer Name of Person Port Tampa General Store, LLC Firm/Company	
7306 S. Mascotte St.	
Tama FL 33616 City/State and Zip Code Lindsey bragg 84 @ Yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	ij
Name of Person Area Code Daytime Telephone Number do	ニコフ
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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**

Port Tampa Cafe (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18 0000 7 223</u> 2		1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
Port Tama General Stor The new name must be distinguishable and contain the words "Limited Liabil	E, LCC lity Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	_NA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	AFAS	29. 29. 29. 29. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, enter the	2 The ne
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 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 ≃	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00