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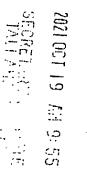
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO: Registration Section Division of Corporations
SUBJECT: L122115 hot dog 5+ and 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:
Elizabeth Guzman Name of Person
Lizzy's hotologstand 11C
4136 Geranum Intill
Sanfard, F1 3277/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E112 Cubeth GUZMCN at (386) 2041-1061 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{35-4/157522}{}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil LIZZY'S FIRE Dave The new name must be distinguishable and contain the words "Limited Liability".	127 110
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	DO BOX DO TO S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 79 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	city zip Coae

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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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an effective date is li-	ther than the date sted, the date must be sp	secific and canno			than 90 days afte			
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record specifies a c l is filed.	lelayed effective date	, but not an eff	fective time, a	(12:01 a.m. on	he earlier of: (o) The 90	th day at	ter the
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Filing Fee: \$25.00