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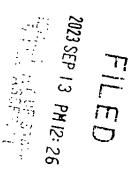
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Meat Reacks Promo 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:					
Denetrius Housel JR. Name of Person					
Meatracks Promo LLC Firm Company					
8865 Commodity Cir JE 231 Address					
Or Lando FL 32819 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Penetrius Howell JR. at (404), 759-57.20 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$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 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

Meatracks Promo	UC
(<u>Name of the Limited L</u> (A F	jability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>1330003130</u>	lity Company were filed on Old 29 2003 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Most Rocks Promo L. The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	LC "Meatracks Z Promo LLC" "Limited Liability Company." the designation "L.L.C." E: 8805 Commoduty Cir 213
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	3 PH 22
New Registered Office Address:	Enter Florida street address
_	
	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
ir changing regimered rigent. Biguardie or then regimered rigen.

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			⊡Change

D. If a	mending any	v other informat	ion, enter char	ige(s) here: //	lttach additi	onal sheets, if	necessary	<i>i.</i>)
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(If an <u>No</u> t	effective date is te: If the date		be specific and car ck does not mee	mot be prior to da t the applicable		iore than 90 days) Pursuant to 605,0207 (3)(will not be listed as the
If the re record is		a delayed effective	date, but not an	effective time, a	at 12:01 a.m.	on the earlier o	of: (b) Th	e 90th day after the
Dat	ed <u>0010</u>	Q <u> 2003</u> 3						
		enertry:	Jouell Signature of a men	her or authorized	l representative	of a member		
	D	emetriu	s House	DR.				