

Dec. 31, 2012 12:00 PM

Barnett Bolt

No. 0791 Page 1 of 1

L99000002071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000305986 3)))



H120003059863ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 DEC 31 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTRAL BEEF IND., L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2812 DEC 31 AM 8:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY
EXAMINER

JAN 01 2013

H12000305986

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CENTRAL BEEF IND., L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 13, 1999 and assigned
Florida document number L99000002071.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:


(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u>Ida Raye Chernin</u>
New Registered Office Address:	<u>571 W. Kings Highway</u>
	<small>Enter Florida street address</small>
	<u>Center Hill</u> , Florida <u>33514</u>
	<small>City Zip Code</small>

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
Ida Raye Chernin
Page 1 of 3

H12000305986

FILED
2012 DEC 31 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

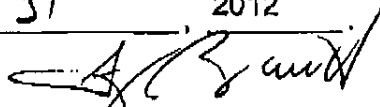
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marshall Chernin	571 W. Kings Highway	<input type="checkbox"/> Add
		Center Hill, FL 33514	<input checked="" type="checkbox"/> Remove
MGRM	Alex Chernin	571 W. Kings Highway	<input type="checkbox"/> Add
		Center Hill, FL 33514	<input checked="" type="checkbox"/> Remove
MGRM	Adam Chernin	571 W. Kings Highway	<input type="checkbox"/> Add
		Center Hill, FL 33514	<input checked="" type="checkbox"/> Remove
MGR	Ida Raye Chernin	571 W. Kings Highway	<input checked="" type="checkbox"/> Add
		Center Hill, FL 33514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2012 DEC 31 AM 8:10
 STATE OF FLORIDA
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 31, 2012



Signature of a member or authorized representative of a member

Leslie J. Barnett, Authorized Representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2012 DEC 31 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA