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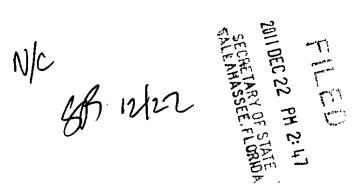
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>LITTLE OWL</u>	CORP				
DOCUMENT NUMBER: P95000043793					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this i	matter to the following:				
TERRII CRIPEIN					
TERRI L. GRIFFIN	Name of Contact Person				
		·			
	Firm/ Company				
6834 HIGH RIDGE ROAD					
Address					
LANTANA, FLORIDA 33462					
	City/ State and Zip Code				
TLG551@HOTMAIL.COM		•			
E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, pl	ease call:				
TERRI L. GRIFFIN Name of Contact Person	at (<u>561</u>) 582-4098 de & Daytime Telephone Number			
		•			
Enclosed is a check for the following amount mad	le payable to the Florida Dep	artment of State:			
☑ \$35 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Amend	Address Iment Section on of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to · Articles of Incorporation of

2011 DEC 22 PM 2: 47

SECRETARY OF STATE VALUABLE SHORE LITTLE OWL CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P95000043793 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LITTLE OWL BAR, CORP. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 6834 HIGH RIDGE ROAD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LANTANA, FLORIDA 33462 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 6834 HIGH RIDGE ROAD LANTANA, FLORIDA 33462 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: TERRIL GRIFFIN 6834 HIGH RIDGE ROAD (Florida street address) , Florida 33462 New Registered Office Address: LANTANA (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	<u>Name</u>	Address	
1) <u>P</u>	TERRI L. GRIFFIN	6834 HIGH RIDGE ROAD LANTANA, FLORIDA 33462	
2)			
3)			
4)			
5)			
6)			
<u>If REMOVING</u>	an officer and/or director, please li	st the title(s) and name of the officer/director to be removed	<u>1:</u>
Title(s)	<u>Name</u>	Title(s) Name	
1) <u>D</u>	ANDREW T. GERRITS	4)	
2)		5)	

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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