

L09000120511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

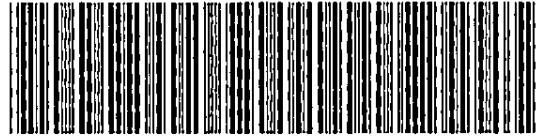
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2020

ALFRED CURNOW
10 LIMEROCK DR
EAST GREENWICH, RI 02818

SUBJECT: MUNCHKIN 2010, LLC
Ref. Number: L09000120511

We have received your document for MUNCHKIN 2010, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00023399

A handwritten signature in black ink, appearing to be "AS", with a long vertical line extending downwards from the end of the signature.

COVER LETTER

TO: Registration Section
Division of Corporations
MUNCHKIN 2010 LLC

SUBJECT: _____
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:

ALFRED JOHN CURNOW

Name of Person

MUNCHKIN 2010 LLC

Firm/Company

10 LIMEROCK DRIVE

Address

EAST GREENWICH, RI 02818

City/State and Zip Code

JAMES.CHAPMAN@CHAPMANSLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES CHAPMAN

345

~~561-1961~~

516-1961

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
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**

ES/0 DEC -7 P112:43

MUNCHKIN 2010 LLC

(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 December 18, 2009 and assigned
Florida document number 109000120511.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

2009 DEC -7 PM 12:43

If removing 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 Name Address Type of Action

~~MR~~
AMBR ~~JAMES CHAPMAN MGR~~
JAMES C. Chapman ESQ. 700 NW 21 ST Add

WILTON MANORS Remove

FL 33311 Change

~~MR~~
MGR ALFRED JOHN CURNOW MGR 10 LIMEROCK DRIVE Add

EAST GREENWICH Remove

RI 02818 Change

_____ Add

_____ Remove

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M

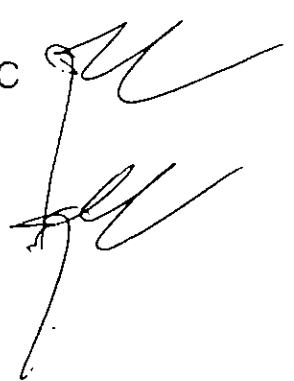
Curnow 

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

N/A

Alfred John Curnow to hold position of MGR of Munchkin 2010 LLC and control 60% of said LLC.

James C Chapman ESQ to hold position of AMBR of Munchkin 2010 LLC and control 40% of said LLC.



N/A

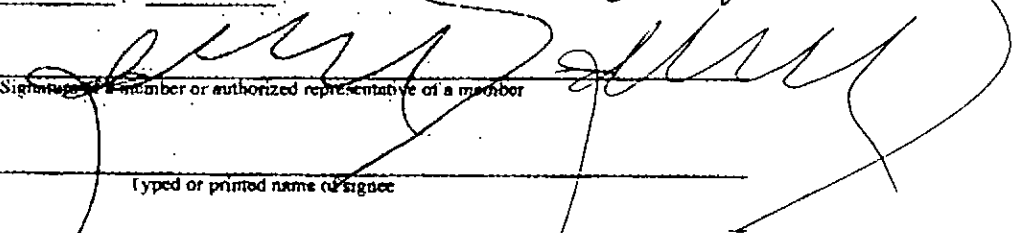
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8TH OCTOBER 2020


Signature of member or authorized representative of a member
JAMES CHAPMAN
Typed or printed name of signer