

L11000136685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900239086859

900239086859
10/12/12--01017--010 **25.00

FILED
2012 OCT 12 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 15 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cinnamon Tree Cafe 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:

Kody Kling

Name of Person

Cinnamon Tree Cafe LLC

Firm/Company

1665 Dunlawton Ave, Suite 103

Address

Port Orange, FL 32127

City/State and Zip Code

Kody@CinnamonTreeCafe.com

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

For further information concerning this matter, please call:

Kody Kling

Name of Person

at (386)

3412205

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 12 AM 8:34

FILED

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Cinnamon Tree Cafe 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 12/05/2011 and assigned
Florida document number L11000136685.

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 "LLC."

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:

Kody Kling

New Registered Office Address:

7800 Pheasant Run Court

Enter Florida street address

PORT ORANGE

City

, Florida

32127

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGRM	Barbara Kling	1665 Dunlawton Ave Suite 103 Port Orange, FL 32127	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher Gaffka	1665 Dunlawton Ave Suite 103 Port Orange, FL 32127	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kody Kling	1665 Dunlawton Ave Suite 103 Port Orange, FL 32127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kyle Kling	1665 Dunlawton Ave Suite 103 Port Orange, FL 32127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Barbara Kling	1665 Dunlawton Ave Suite 103 PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

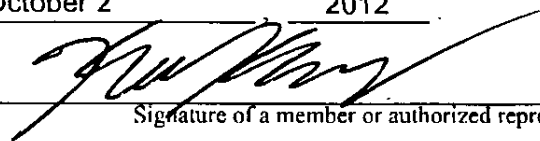
In the above section, members Kody Kling and Kyle Kling
are currently Members of the LLC and are
being changed to Managing Members.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 12 AM 8:24

FILED

Dated October 2 2012



Signature of a member or authorized representative of a member

Kody Kling

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00