# 115000098803

, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Janas AUTHORIZ CONTRACTORIZA POC. EXAM	McShain MONEYER Suffic Ll25/18	GAVE

Office Use Only



600312044846

04/23/18--01051--005 \*\*25.00



1. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mommy and Me Memories 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:	
Janna Mc Swain Name of Person	
Monmy and Me Memories 21	L
832 Avery St. Address	
St. Augustine FL 32084 City/State and Zip Code	
Jang MSwain Dout look com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Uchna McSwain at (904 325-1524  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

1110MMy and	I'VE YYK	Mories	_ <i>LL</i> C			
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now Limited Liability Com	<u>appears on our reco</u> pany)	<u>rds.</u> )			
The Articles of Organization for this Limited Liability Co	ompany were filed	on <u>4</u>	118 =	ınd ass	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit  Seathy Glave  The new name must be distinguishable and contain the words "Limit	LLC		C" or the abbrevia	tion "I	LC"	
Enter new principal offices address, if applicable:	•• •••••••••••••••••••••••••••••••••••	,g	*tin			
(Principal office address MUST BE A STREET ADDRI	 ESS)		اريا وي ا الاي الماري		Minit 4 à	
			15.7	20	tarries.	
				23	The same of the sa	
Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				GH 588	1	
			7	Ď*		
B. If amending the registered agent and/or registored agent and/or the new registered office address.		ess on our recor	ds, <u>enter the l</u>	<u>name</u>	of the n	<u>ev</u>
Name of New Registered Agent:		<del></del>				
New Registered Office Address:			<del></del>	_		
	En	ter Florida street addi	ess			
	<del></del>	, I	Florida			
	City		Zij	o 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□ Add
		<del></del>	☐ Remove
			Change
			Change
			Remove
			☐ Change
			Remove
			☐ Change
<del></del>			Add
			Remove
			B Change
			Add Remove
			Remove

			Typed of printee	mino or signee		ST.	23	280
		Janna	Typed or printed	Swa	<u>in</u>		APR	
	- (fer	Signature of	a member or author	ized representativ	of a member	72	23	-
Juicu _		11	18	_ '				
Dated _	April	11	. 2018	•				
	ord specifies a d 90th day after th			an errective	ume, at 12:01	a.m. on t	n <b>e ea</b>	mer of:
				Aff	himo =	·	ha ==	rlia- af
ote:	ctive date is listed, the If the date inserted in ent's effective date o	this block does no	of meet the applical					
ffectiv	ve date, if other th	an the date of fil	ing: 5 1		opt (opt	ional)		/OF 05
_			<del></del>					
_		· · · · · · · · · · · · · · · · · · ·						<del></del>
_						<del></del>		_
_								<del>.</del>
_								
_								_
_			<u> </u>					<del></del>
								_
_								
				<u></u> ,,,				<del></del>
-			·	<u>,</u>			<u></u>	
						· · · · · · · · · · · · · · · · · · ·		_
_		· ····					<del></del> _	<u> </u>

Filing Fee: \$25.00