

L12000011222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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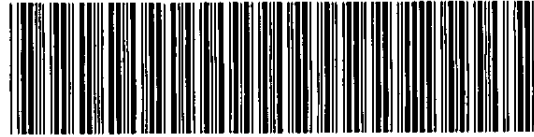
(Business Entity Name)

(Document Number)

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2014 APR 14 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan APR 16 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAMMAS PIZZA Company 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:

German Hincapie  
Name of Person  
MAMMAS PIZZA Company LLC  
Firm/Company  
401 W Atlantic Ave Suite 211  
Address  
DeLray Be FL 33444  
City/State and Zip Code  
germanhincapieusa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

German Hincapie at (561) 266-2811  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2014 APR 14 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAMMAS PIZZA Company 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 JAN 24 2012 and assigned  
Florida document number L12000011222

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)

401 W ATLANTIC AVE Suite R11  
Delray Bch FL 33444

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:

GERMAN HINLAPIE

New Registered Office Address:

401 W ATLANTIC AVE Suite R11

Enter Florida street address

Delray Bch

City

, Florida

33444

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Castello	401 W Atlantic AVE	<input type="checkbox"/> Add
		Suite R11 Delray Bch	<input checked="" type="checkbox"/> Remove
		FL 33444	
MGR	Lisha Castello	401 W Atlantic AVE	<input type="checkbox"/> Add
		Suite R11 Delray Bch	<input checked="" type="checkbox"/> Remove
		FL 33444	
MGR	German Hincapie	401 W Atlantic AVE	<input checked="" type="checkbox"/> Add
		Suite R11 Delray Bch	<input type="checkbox"/> Remove
		FL 33444	
MGR	Adriana Hincapie	401 W Atlantic AVE	<input checked="" type="checkbox"/> Add
		Suite R11 Delray Bch	<input type="checkbox"/> Remove
		FL 33444	
			<input 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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10 ~~2014~~, 2014.

Signature of a member or authorized representative of a member

James Castello

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA