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G. MCLEOD
JAN 08 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enchanted Cauldron 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:

CARMEN Rosaly Smith
(Name of Person)

Enchanted Cauldron LLC
(Firm/Company)

2909- 16th Street North Busn. Address
(Address)

St Pete. FL 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Smith at (727) 692-2806 cell 824-6053 Busn
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 JAN -7 PM 3: 58

Enchanted Cauldron 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 July 21, 07 and assigned
Florida document number Ref# 900104523619

This amendment is submitted to amend the following:

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

CARMEN'S Enchanted Moon

Carmen's Enchanted Moon LLC.

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

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:

Carmen Rosaly Smith

New Registered Office Address:

2909- 16th Street North

(Enter Florida street address)

St Petersburg

(City)

Florida 3370'

(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.

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARMEN Smith	520-35th ave. North St. Pete. FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Keep
MGRM	Galeth Smith	520-35th ave. N St. Pete. FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Keep
MGRM	Elzabeth Sturho	3781- Lake Shore Dr. Palm Harbor, FL 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mecca Foskey	3781- Lake Shore Dr. Palm Harbor, FL 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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.)

Dated January 3, 2008.

Carmen Smith

Signature of a member or authorized representative of a member

Carmen Smith

Typed or printed name of signee