

LO700012705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

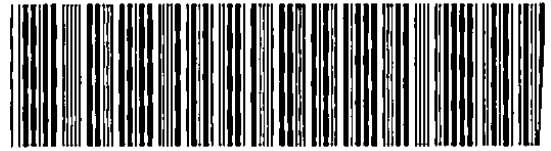
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 10 2023

Office Use Only



300391504433

300391504433
02/13/23--01002--024 *

2023 FEB 10 PM 4:31

SECRETARY OF
STATE

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Mignon Emenike, 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:

Yvette Mignon

Name of Person

Mignon Emenike, LLC

Firm/Company

1965 Capital Circle NE

Address

Tallahassee, FL 32308

City/State and Zip Code

regina@hwfla.com

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

For further information concerning this matter, please call:

Regina Peacock

850

294-4352

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

TO
ARTICLES OF ORGANIZATION
OF

Mignon Emenike, 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 12/26/2007 and assigned
Florida document number 1.07000127050.

This amendment is submitted to amend the following:

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

Yvette Mignon, LLC

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

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 6

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 a record is filed.

Dated February 08, 2023

Signature of a member or authorized representative of a member

Yvette Mignon
Typed or printed name of signer