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. (Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

M. THOMAS

NOV 2 5 2008

EXAMINER

COVER LETTER

TO: 'Registration Section Division of Corporations	
SUBJECT: Other Mothers Kitchen 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:	
Karen A. Edwards (Name of Person)	
Other Mothers Kitchen, LLC (Firm/Company)	
4720 Kitty Hawk Circle	
GUH Breeze FL 32503 (City/State and Zip Code)	DA NOV 24 SECRETAL TALLAHAS
For further information concerning this matter, please call:	ALESSE OF
Karen A. Edwards at (800) 291-5280 (Name of Person) (Area Code & Daytime Telephone Number)	AM ID: 38

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

Other Mothers Kitch	hen, LLC nv as it now appears on our records.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 115 2008	and assigned
Florida document number LO800005591.	. ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "L	LC" or the abbreytation
Enter new principal offices address, if applicable:		NOV 24
(Principal office address MUST BE A STREET ADDRESS)		58
		<u> </u>
		STA STA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(Citv)	(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 **Title** Name Address Type of Action Michele Lestage MGRM 1705 Bulevar Mayor Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member

Karen A. Edwards MGRM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00