

LO8000067237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

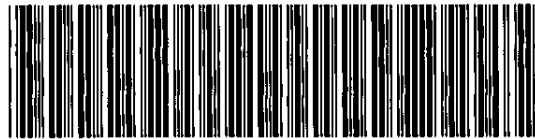
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

FF waived. Client insists  
Fla. Dept. of State misinformed  
her on how to file/complete  
amendment form filed  
7/23/08. LTS/Chet

Office Use Only



000131761440

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP -5 AM 10:27

B. Tadlock SEP 08 2008

# MIMA'S WOODEN SPOON

MARIA ROCCO  
504 1/2 70<sup>TH</sup> AVE  
ST PETE BEACH, FL 33706  
727-793-7863

<b>Send to:</b> FLORIDA DEPT OF STATE DIVISION OF CORPORATION	<b>From:</b> MARIA ROCCO
Attention: BRENDA	Date: 4SEP08
Office Location:	Office Location:
Fax Number: 850-245-6010 6030	Phone Number: 727-793-7863

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover: 4

## Comments:

Thank you again for your assistance. I appreciate you explaining in detail the correct information that needed to be on the LLC forms. I also appreciate you waiving the Filing, Certified Copy and Certificate of Status fees.

Sincerely,  
Maria Rocco

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MIMA'S WOODEN SPOON, 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:

**MARIA ROCCO**

(Name of Person)

**MIMA'S WOODEN SPOON, LLC**

(Firm/Company)

**504 1/2 70TH AVE**

(Address)

**ST PETE BEACH, FL 33706**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MARIA ROCCO**

(Name of Person)

at ( 727 ) 793-7863

(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**

MIMA'S WOODEN SPOON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP - 5 AM 18:27

The Articles of Organization for this Limited Liability Company were filed on 3JUL08 and assigned  
Florida document number L08000067237

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

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 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>
MGRM	MARIA ROCCO	504 1/2 70TH AVE ST PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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 SEPTEMBER 4, 2008

Maria Rocco  
Signature of a member or authorized representative of a member  
MARIA ROCCO  
Typed or printed name of signee