

Division of Corporations

Page 1 of 1

L080000115954

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000009105 3)))



H090000091053ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF JANET M. STRICKLAND, P.A.
Account Number : I20030000089
Phone : (386) 763-5083
Fax Number : (386) 763-5085

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 14 PM 12:39

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SWEET LARAIN'S LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A. LUNT
JAN 15 2008
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
09 JAN 14 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H09000009105 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sweet Laraine's 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 December 22, 2008 and assigned
Florida document number L08000115954

This amendment is submitted to amend the following:

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

Loraine's LLC

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:

5523 S. Williamson Blvd., Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Port Orange, FL 32128

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)

Page 1 of 2

(((H09000009105 3)))

FILED
2009 JAN 14
12:39
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

(((H09000009105 3)))

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>
			<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

2009 JAN 14 PM 12:39
 FILED
 CLERK OF COURT
 FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 12, 2009

K Gene V Simonetti

Signature of a member or authorized representative of a member

Gene V. Simonetti, Trustee

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

(((H09000009105 3)))